


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90036 043 \*\*\*\*61.25

**DOCUMENT # 739693**

1. Entity Name  
**GREENTREE VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**4674 GREENTREE PLACE  
 APT B  
 BOYNTON BEACH, FL 33436**

Mailing Address  
**4674 GREENTREE PLACE  
 APT B  
 BOYNTON BEACH, FL 33436**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

40060440



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1943661**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required.

**6. Name and Address of Current Registered Agent**

**GELFAND, MICHAEL J ESQ  
 GELFAND & ARPE, P.A.  
 1555 PALM BEACH LAKES BLVD., STE. 1220  
 WEST PALM BEACH, FL 33401-2329**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, BERNARD	
STREET ADDRESS	4674 GREENTREE PL, APT B	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	P	<input type="checkbox"/> Delete
NAME	HASSUT, FRED	
STREET ADDRESS	4674 GREENTREE PL, APT B	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GLOSEFFI, ANDREW	
STREET ADDRESS	4674 GREENTREE PL, APT B	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	BAGWELL, DONALD	
STREET ADDRESS	4674 GREENTREE PL, APT B	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLER, MARIAN	
STREET ADDRESS	4674 GREENTREE PL, APT B	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAUCERI, PAUL	
STREET ADDRESS	4674 GREENTREE PL, APT B	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EBBETS, PATRICIA A.	
STREET ADDRESS	4674 Greentree Pl, Apt. B	
CITY-ST-ZIP	Boynton Beach, FL 33436	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Paul Mauceri*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/3/08** Daytime Phone # **561/732-7118**