## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

GREEN LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 25 1997 8:00am Secretary of State



| 5995 BANNOCK TERRACE<br>BOYNTON BCH FL 33437 |  |  |                              | 5995 BANNOCK TEHRACE<br>BOYNTON BCH FL 33437-1447           |  |                           |                                   |                                       |                                   |                          |                            |  |  |  |                           |                                |                                 |                         |  |
|--|--|--|------------------------------|---|--|---------------------------|-----------------------------------|---------------------------------------|-----------------------------------|--------------------------|----------------------------|--|--|--|---------------------------|--------------------------------|---------------------------------|-------------------------|--|
|  |  |  |                              |   |  |                           |                                   |                                       |                                   |                          | -                          | 3. Date Incorporated or Qualified 3a. Date 02/17/1978 04 |  |  | e of Las<br><b>)4/02/</b> | of Last Report<br>/02/1996     |                                 |                         |  |
| 2. Principal Place of Business               |  |  |                              |   | 2a   | 2a. Mailing Address       |                                   |                                       |                                   |                          |                            |  | 4. FEI Number  |  |                           |                                | Арр                             | ied For                 |  |
| 21   | 21   |  |                              |   | 26   | 26                        |                                   |                                       |                                   |                          |                            |  | 59-1916077   |  |                           |                                | Not Applicable                  |                         |  |
|  | Sulte, Apt. #, etc.                        |  |                              |   | 27   | Suite, Apt. #, etc.       |                                   |                                       |                                   |                          |                            | :  | 5. Certificate of Status Desired                     |  |                           |                                | 8.75 Additional<br>Fee Required |                         |  |
|  | City & State                               |  |                              |   |  | City & State              |                                   |                                       |                                   |                          |                            | 6. Election Campaign Financing Trust Fund Contribution   |  |  | П                         | \$5.00 May Be<br>Added to Fees |                                 |                         |  |
|  | Žip  | Country                                      |                              |   |  |                           |                                   |                                       |                                   | ountry                   | ,                          | <del>-  </del> -   | 8. This corporation has liability for intangible tax |  |                           |                                |                                 |                         |  |
| 24   |  | 25   |                              |   | 29   | 29 30                     |                                   |                                       | •                                 |                          |                            | Florida Statutes   |  |  |                           |                                |                                 |                         |  |
|  |  |  |                              | ddress of Curre   |  | stere                     | d Agen                            | t                                     | 11                                | T                        |                            | 1  | 0. Name and A  | ddress of New Re                       | gistered A                | gent                           |                                 |                         |  |
|  | C/O CRY                                    |  | MMUN                         | IITY MANAGEN  | MENT, IN   | NC.                       |                                   |                                       |                                   | 81<br>82<br>83           |                            | Address  | (P.O. Box Numb                                       | per is Not Acceptat                    | ole)                      |                                |                                 |                         |  |
|  | ROTNIO                                     | N BCH. FI                                    | L 334                        | 37  |  |                           |                                   |                                       |                                   | 55                       |                            |  |  |  |                           |                                |                                 |                         |  |
|  |  |  |                              |   |  |                           |                                   |                                       |                                   | 84                       | ĺ .                        |  |  |  | FL                        | 1 1                            | Zip Ci                          |                         |  |
| 11.  | Pursuant to<br>office or re<br>agent. I ar | o the provis<br>egistered ag<br>n familiar w | ions o<br>jent, o<br>ith, an | Sections 617.05<br>r both, in the Stat<br>d accept the obli | 02 and the of Floring of the o | 617.1<br>ida. 5<br>of, Sc | 1508, Flo<br>Such ch<br>ection 6° | orida Statu<br>ange was<br>17.0503, F | tes, the<br>authoriz<br>lorida St | above<br>ed by<br>atutes | e-named<br>y the cor<br>s. | corporat<br>poration's                                   | tion submits this<br>s board of direc                | statement for the plors. I hereby acce | ourpose of<br>pt the appo | changir<br>ointmen             | ng its<br>t as re               | registered<br>egistered |  |
| SIG  | NATURE _                                   | Signature, typed                             | d or printe                  | ed name of registered a                                     | gent and till  | lo it app                 | plicable.                         | (NO                                   | T£: Registe                       | red Ago                  | ont signature              | required wt  | hen reinstating)                                     |  | DATE                      |                                |                                 |                         |  |
| 12.  |  |  |                              | OFFICERS A  | ND DIRE  | CTO                       |                                   |                                       | 13                                |                          |                            |  | ADDITIONS/C  | HANGES TO OFFI                         | CERS AND                  |                                |                                 |                         |  |
| TITL   | E į  | PD   |                              | <b>.</b>  |  |                           | LJ                                | DELETE                                |                                   | TITLE                    |                            |  |  |  |                           | ☐ Char                         | nge                             | Addition                |  |
| NAM  | le l                                       | FELD, B                                      |                              |   |  |                           |                                   |                                       |                                   | NAME                     |                            |  |  |  |                           |                                |                                 |                         |  |
|  | EET ADDRESS                                |  |                              | LK DR   |  |                           |                                   |                                       | 1                                 | -                        | r address                  | ļ  |  |  |                           |                                |                                 |                         |  |
|  | -ST-ZIP                                    | AD AD  | UN BI                        | CH, FL 00000  |  |                           |                                   | DELETE                                |                                   | CITY-S                   | 51 - ZIP                   |  |  |  |                           | Char                           | 200                             | Addition                |  |
| TITL   |  | LEVY. R                                      | AI DH                        |   |  |                           | ш                                 | DELETE                                |                                   | TITLE<br>NAME            |                            |  |  |  |                           | L Ullar                        | igc                             | Addition                |  |
| NAM  |  |  |                              | N LAKE DR   |  |                           |                                   |                                       |                                   |                          | T ADDRESS                  |  |  |  |                           |                                |                                 |                         |  |
|  | EET ADDRESS                                |  |                              | CH, FL 00000  |  |                           |                                   |                                       |                                   | SINEEI<br>CITY-:         |                            |  |  |  |                           |                                |                                 |                         |  |
| TITL   | r-ST-ZIP                                   | D  | VII D.                       | 211, 12 00000   |  |                           |                                   | DELETE                                |                                   | TITLE                    | 31-21                      |  |  |  |                           | Char                           | ige                             | Addition                |  |
| NAN  |  |  | EENBI                        | ERG. ARTHUR   |  |                           | _                                 |                                       |                                   | NAME                     |                            |  |  |  |                           |                                |                                 |                         |  |
| l  | EET ADDRESS                                |  |                              | LAKE DRIVE  |  |                           |                                   |                                       |                                   |                          | T ADDRESS                  |  |  |  |                           |                                |                                 |                         |  |
| 1  | /-ST-ZIP                                   |  |                              | EACH FL   |  |                           |                                   |                                       |                                   | CITY-                    |                            |  |  |  |                           |                                |                                 |                         |  |
| TITL   |  | D  |                              |   |  |                           |                                   | DELETE                                | 4.1                               | TITLE                    |                            |  |  |  |                           | Char                           | nge                             | Addition                |  |
| NAN  | AE   | MONAC  | 0, C                         | ARL   |  |                           |                                   |                                       | 4.7                               | NAME                     |                            |  |  |  |                           |                                |                                 |                         |  |
| STR  | EET ADDRESS                                |  |                              | LAKE DR.  |  |                           |                                   |                                       | 4.3                               | STREET                   | T ADDRESS                  |  |  |  |                           |                                |                                 |                         |  |
| om   | r-ST-ZIP                                   | BOYNTO                                       | ON B                         | CH, FL 00000  |  |                           |                                   |                                       | 4.4                               | CITY-9                   | ST-ZIP                     |  |  |  |                           |                                |                                 |                         |  |
| TITL   | E  | SD   |                              |   |  |                           |                                   | DELETE                                | 5.1                               | TITLE                    |                            |  |  |  |                           | ☐ Char                         | nge                             | Addition                |  |
| NAN  | AE [                                       | WOLF,  |                              |   |  |                           |                                   |                                       | 5.2                               | NAME                     |                            |  |  |  |                           |                                |                                 |                         |  |
| STR  | EET ADDRESS                                |  |                              | N LAKE DR   |  |                           |                                   |                                       | 53                                | STREET                   | 7 ADDRESS                  |  |  |  |                           |                                |                                 |                         |  |
|  | Y-ST-ZIP                                   | BOYNT  | ON B                         | CH. FL  |  |                           |                                   |                                       |                                   | CITY-S                   | ST-ZIP                     |  |  |  |                           | 1 1 4:                         |                                 | 1.200                   |  |
| TITL   | .E }                                       | TD   |                              |   |  |                           | Ц                                 | DELETE                                |                                   | TITLE                    |                            |  |  |  |                           | Char                           | nge                             | Addition                |  |
| NAN  | · ·  | KOTZEN                                       |                              |   |  |                           |                                   |                                       |                                   | NAME                     |                            |  |  |  |                           |                                |                                 |                         |  |
| STR  | eet address                                |  |                              | N LAKE DR   |  |                           |                                   |                                       |                                   |                          | T ADDRESS                  |  |  |  |                           |                                |                                 |                         |  |
| CIT  | Y-ST-ZIP                                   | BOYNT  | ON B                         | EACH FL   |  |                           |                                   |                                       | 6.4                               | CITY-S                   | ST-ZIP                     | <u> </u>   | A 410.67   | OVA Florido Civil I                    | (6                        |                                |                                 |                         |  |

or the exemption stated in Section 119.07(3)(i), Florida Statutes.11brther certify that the and accurate and that my signature shall have the same legal effect as firmade under oath; that id to execute this report as required by Chapter 617, Florida Statutes; and that my name information indicated on this annual report or supplement am an officer or director of the corporation or the eccappears in Block 12 or Block 13 if changed, or or an analysis.