**FILED** 

## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Apr 11, 2003 8:00 am Secretary of State DOCUMENT # 741773 04-11-2003 90094 001 \*\*\*\*61.25 GREEN LAKES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 5995 BANNOCK TERRACE 5995 BANNOCK TERRACE BOYNTON BCH FL 33437 BOYNTON BCH FL 33437 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-1916077 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent The second second BARTLETT, JOE PRES Street Address (P.O. Box Number is Not Acceptable) C/O CRYSTAL COMMUNITY MANAGEMENT, INC. **BOYNTON BCH. FL 33437** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Addition TITLE 1 ☐ Delete TITLE ☐ Channe NAME **GOLUB. ELEANOR** NAME 11135 GREEN LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYTON BEACH FL** ☐ Addition ☐ Delete Change TITLE TITLE LEVY, RALPH NAME NAME STREET ADDRESS 11230 GREEN LAKE DR STREET ADORESS CITY-ST-7IP **BOYNTON BEACH FL** CITY-ST-ZIP Delete\_\_\_ TITLE TITLE ☐ Change ☐ Addition DECMBICER, EDWIN NAME NAME STREET ADDRESS 11186 GREEN LAKE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BOYNTON BEACH FL TITLE ☐ Delete TITLE ☐ Change Addition LESSER, DAVID J NAME NAME 11280 GREEN LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** ☐ Change TITI F ☐ Delete TITLE Addition WOLF, BARBARA NAME NAME STREET ADDRESS 11172 GREEN LAKE DR STREET ADDRESS CITY-ST-7IP BOYNTON BCH. FL CITY-ST-ZIP TD ☐ Delete TITLE TITLE ☐ Change Addition KOTZEN, MATHEWS NAME NAME STREET ADDRESS 11090 GREEN LAKE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of truskee 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 11 true like empowered.

RERAIPH C. Levy