

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northon Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 APR -5 PM 2:47

**DOCUMENT # 743697 (5)**

1. Corporation Name  
**THE VILLAS OF GREEN GLEN ASSOCIATION, INC.**

Principal Place of Business <b>5985 BANNOCK TERR BOYNTON BCH FL 33437-8447 US</b>	Mailing Address <b>5985 BANNOCK TERR BOYNTON BCH FL 33437-8447 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/25/1978</b>	3a. Date of Last Report <b>04/06/1994</b>
4. FEI Number <b>59-1886775</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>25</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BARTLETT, JOE % CRYSTAL COMM MGMT.  
5985 BANNOCK TERR.  
BOYNTON BCH. FL 33437**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and 1994 if applicable (NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS

TITLE <b>SD</b>	NAME <b>HOFFMAN, JUDY</b>
STREET ADDRESS <b>5632 AINSLEY COURT</b>	CITY - ST - ZIP <b>BOYNTON BCH. FL</b>
TITLE <b>PD</b>	NAME <b>JOSEPH, WARREN</b>
STREET ADDRESS <b>5512 AINSLEY CT.</b>	CITY - ST - ZIP <b>BOYNTON BCH FL</b>
TITLE <b>VD</b>	NAME <b>WERBER, MURRAY</b>
STREET ADDRESS <b>5578 AINSLEY CT.</b>	CITY - ST - ZIP <b>BOYNTON BCH FL</b>
TITLE <b>TD</b>	NAME <b>TROMER, LARRY</b>
STREET ADDRESS <b>5665 AINSLEY CT.</b>	CITY - ST - ZIP <b>BOYNTON BCH FL</b>
TITLE <b>D</b>	NAME <b>NATTANS, RALPH A.</b>
STREET ADDRESS <b>5706 AINSLEY CT.</b>	CITY - ST - ZIP <b>BOYNTON BCH FL</b>
TITLE <b>D</b>	NAME <b>SCHUSTER, ROBERT</b>
STREET ADDRESS <b>5645 AINSLEY CT.</b>	CITY - ST - ZIP <b>BOYNTON BCH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>T/D</b>
4.3 STREET ADDRESS	<b>COBEN, LEAH</b>
4.4 CITY - ST - ZIP	<b>5526 AINSLEY COURT BOYNTON BEACH, FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D</b>
6.3 STREET ADDRESS	<b>FREEMAN, FRANK</b>
6.4 CITY - ST - ZIP	<b>5605 AINSLEY COURT BOYNTON BEACH, FL</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: Warren S. Joseph 3/28/95 (Date) (407) 734-8005 (Office Phone)

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

**WARREN S. JOSEPH**

**Villas of Green Glen Association, Inc.**

**5005 Bannock Terrace  
Boynton Beach, Florida 33437**

**(407) 734-8005**

**D  
WERTHEIM, SHIRLEY  
5652 AINSLEY COURT  
BOYNTON BEACH, FL**