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Apr 23 1997 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743697 (5)
1. Corporation Name
THE VILLAS OF GREEN GLEN ASSOCIATION, INC.



Principal Place of Business Mailing Address
5995 BANNOCK TERR BOYNTON BCH FL 33437-8447 US
5995 BANNOCK TERR BOYNTON BCH FL 33437-1447 US

3. Date Incorporated or Qualified 07/25/1978
3a. Date of Last Report 04/02/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1866775	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent BARTLETT, JOE % CRYSTAL COMM MGMT. 5995 BANNOCK TERR. BOYNTON BCH. FL 33437	10. Name and Address of Now Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	DELETE <input type="checkbox"/>	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME HOFFMAN, JUDY		1.2 NAME	
STREET ADDRESS 5632 AINSLEY COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BCH. FL		1.4 CITY-ST-ZIP	
TITLE PD	DELETE <input type="checkbox"/>	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME JOSEPH, WARREN		2.2 NAME	
STREET ADDRESS 5512 AINSLEY CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BCH FL		2.4 CITY-ST-ZIP	
TITLE VD	DELETE <input type="checkbox"/>	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME COOPER, JOSEPH		3.2 NAME	
STREET ADDRESS 5584 AINSLEY COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL		3.4 CITY-ST-ZIP	
TITLE TD	DELETE <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME COBEN, LEAH		4.2 NAME	
STREET ADDRESS 5526 AINSLEY COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BCH FL		4.4 CITY-ST-ZIP	
TITLE D	DELETE <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME NATTANS, RALPH A.		5.2 NAME	
STREET ADDRESS 5706 AINSLEY CT.		5.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BCH FL		5.4 CITY-ST-ZIP	
TITLE D	DELETE <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME FREEMAN, FRANK		6.2 NAME	
STREET ADDRESS 5805 AINSLEY COURT BOYNTON BCH, FL		6.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BCH FL		6.4 CITY-ST-ZIP	
		VD THOMAS, ROBERT	
		5592 AINSLEY COURT	
		BOYNTON BCH, FL	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]*

CR2E037 (9/96)