
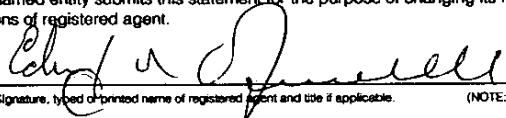



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90385 049 \*\*\*\*61.25

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # 743697</b>   |   |  |   |  |  |
| 1. Entity Name<br>THE VILLAS OF GREEN GLEN ASSOCIATION, INC.   |   |  |   |   |  |
| Principal Place of Business<br>5995 BANNOCK TERR<br>BOYNTON BCH, FL 33437-8447 US  |   |  | Mailing Address<br>5995 BANNOCK TERR<br>BOYNTON BCH, FL 33437-8447 US                       |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |   |  |
| City & State   |   | City & State   |   |   |  |
| Zip  | Country   | Zip  | Country   | 4. FEI Number<br>59-1866775   |  |
|  |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  | \$8.75 Additional Fee Required  |   |  |
| 6. Name and Address of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent   |   |  |
| BARTLETT, JOE % CRYSTAL COMM MGMT.<br>5995 BANNOCK TERR.<br>BOYNTON BCH., FL 33437   |   |  | Name<br>EDWARD O'CONNELL  |   |  |
|  |   |  | Street Address (P.O. Box Number is Not Acceptable)<br>C/O CRYSTAL COMMUNITY MANAGEMENT, INC |   |  |
|  |   |  | 5995 BANNOCK TERR.  |   |  |
|  |   |  | City<br>BOYNTON BEACH   |   | FL Zip Code<br>33437   |
| 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    |   | 4/24/2006  |   | DATE  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2006  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be Added to Fees   |  |
|  |   |  |   | Make check payable to Florida Department of State                                 |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>HUDES, ROCHELLE<br>5584 AINSLEY CT<br>BOYNTON BEACH, FL 33437 | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>Ira Cohen<br>5576 Ainsley Court<br>Boynton Beach, FL 33437                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WARREN, JOSEPH<br>5512 AINSLEY COURT<br>BOYNTON BCH, FL        | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>Herbert Lesser<br>5611 Ainsley Court<br>Boynton Beach, FL 33437             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>LIPTON, MARTIN<br>5658 AINSLEY COURT<br>BOYNTON BEACH, FL     | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>Judith Kramer<br>5633 Ainsley Court<br>Boynton Beach, FL 33437              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MILLER, RICHARD<br>5529 AINSLEY COURT<br>BOYNTON BCH, FL       | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>James Demos<br>5703 Ainsley Court<br>Boynton Beach, FL 33437                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>KURZMAN, GLORIA<br>5674 AINSLEY COURT<br>BOYNTON BCH, FL       | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>SCHEIBER, LAWRENCE<br>5654 AINSLEY CT<br>BOYNTON BEACH, FL    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>Lawrence Scheiber<br>5654 Ainsley Court<br>Boynton Beach, FL 33437          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:    |   | 4/28/06  |   | 561-734-8005  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date   |   | Daytime Phone #   |  |

IRA COHEN