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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 2:36

DOCUMENT # **746715** (2)

1. Corporation Name

THE VILLAS OF GREEN GLEN II ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5985 BANNOCK TERR.
BOYNTON BCH FL 33437

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BOYNTON BCH FL 33437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1979

3a. Date of Last Report

04/06/1994

4. FEI Number

59-1983466

Applied For

Not Applicable

21. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

Country

29. Zip

30. Country

5. Certificate of Status Desired

\$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRYSTAL COMMUNITY MANAGEMENT, INC.
C/O JOE BARTLETT, PRESIDENT
5985 BANNOCK TERR
BOYNTON BEACH FL 33437

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHERMAN, MARTHA
STREET ADDRESS	5630 PIPING ROCK DR.
CITY - ST - ZIP	BOYNTON BCH, FL 00000
TITLE	D
NAME	KAGAN, BOB
STREET ADDRESS	5755 LAKEVIEW MEWS DR.
CITY - ST - ZIP	BOYNTON BCH, FL 00000
TITLE	D
NAME	LIPPMAN, NORMAN
STREET ADDRESS	5660 LAKEVIEW MEWS DR.
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	PD
NAME	PAUL, SEYMOUR
STREET ADDRESS	5570 PIPING ROCK DR.
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELI LERNER	
1.3 STREET ADDRESS	5580 PIPING ROCK DR	
1.4 CITY - ST - ZIP	BOYNTON BEACH, FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NOVEMBER, ROBERT	
2.3 STREET ADDRESS	5525 LAKEVIEW MEWS TERR	
2.4 CITY - ST - ZIP	BOYNTON BEACH, FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SEEDMAN, HENNY	
3.3 STREET ADDRESS	5513 LAKEVIEW MEWS TERR	
3.4 CITY - ST - ZIP	BOYNTON BEACH, FL	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GERB, DAVID M.	
4.3 STREET ADDRESS	5657 LAKEVIEW MEWS DR	
4.4 CITY - ST - ZIP	BOYNTON BEACH, FL	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EDELSTEIN, LESTER	
5.3 STREET ADDRESS	5561 LAKEVIEW MEWS DR	
5.4 CITY - ST - ZIP	BOYNTON BEACH, FL	
6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HARRIS, AUDREY	
6.3 STREET ADDRESS	5593 LAKEVIEW MEWS DR	
6.4 CITY - ST - ZIP	BOYNTON BEACH, FL	

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. GERB

3/30/95

(407) 234-8205

VILLAS OF GREEN GLEN II ASSOCIATION, INC.

5995 Bannock Terrace

Boynton Beach, Florida 33437

(407) 734-8005

TD

KOSTIN, BEN

5707 LAKEVIEW MEWS DR

BOYNTON BEACH, FL