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Secretary of State

05-04-1999 90016 036 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 746715

1. Corporation Name

THE VILLAS OF GREEN GLEN II ASSOCIATION, INC.

475573-90016-36

Principal Place of Business
 5995 BANNOCK TERR.
 BOYNTON BCH FL 33437

Mailing Address
 5995 BANNOCK TERR.
 BOYNTON BCH FL 33437



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/11/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1983466	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

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
 5995 BANNOCK TERR.
 BOYNTON BEACH FL 33437

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBLATT, LEON	1.2 NAME	
STREET ADDRESS	5673 LAKEVIEW MEWS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINKIN, OSCAR	2.2 NAME	KOSTIN, BENJAMIN
STREET ADDRESS	5793 LAKEVIEW NEWS PL	2.3 STREET ADDRESS	5707 Lakeview Mews Dr
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	Boynton Beach, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISEMAN, SIMONE	3.2 NAME	HARRIS, AUDREY
STREET ADDRESS	5530 PIPING ROCK DR.	3.3 STREET ADDRESS	5593 Lakeview Mews Dr
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	Boynton Beach, FL
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERB, DAVID M	4.2 NAME	
STREET ADDRESS	5657 LAKEVIEW MEWS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATNER, DAVID	5.2 NAME	LEWIS, PEARL
STREET ADDRESS	5775 LAKEVIEW MEWS PL	5.3 STREET ADDRESS	5529 Lakeview Mews Terr
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	Boynton Beach, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEYMOUR, PAUL	6.2 NAME	PAUL, BERNICE
STREET ADDRESS	5570 PIPING ROCK DR.	6.3 STREET ADDRESS	5570 Piping Rock Dr
CITY-ST-ZIP	BOYNTON BEACH FL	6.4 CITY-ST-ZIP	Boynton Beach, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

561-734-8005

Date Daytime Phone #

CR2E037 (1/98)

VILLAS OF GREEN GLEN II ASSOCIATION, INC.

5995 Bannock Terrace
Boynton Beach, Florida 33437
(407) 734-8005

475573-90016-36
746715

LIPPMAN, NORMAN]
5669 Lakeview Mews Drive
Boynton Beach, fl