

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90164 015 ****61.25

DOCUMENT # 746715

1. Entity Name

THE VILLAS OF GREEN GLEN II ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5995 BANNOCK TERR.
 BOYNTON BCH FL 33437

5995 BANNOCK TERR.
 BOYNTON BCH FL 33437-1447

638486



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1983466

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRYSTAL COMMUNITY MANAGEMENT, INC.
C/O JOE BARTLETT, PRESIDENT
5995 BANNOCK TERR
BOYNTON BEACH FL 33437

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Ruth Jacobson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROSENBLATT, LEON	
STREET ADDRESS	5673 LAKEVIEW MEWS DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KOSTIN, BENJAMIN	
STREET ADDRESS	5707 LAKEVIEW MEWS DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRIS, AUDREY	
STREET ADDRESS	5593 LAKEVIEW MEWS DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GERB, DAVID M	
STREET ADDRESS	5657 LAKEVIEW MEWS DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, PEARL	
STREET ADDRESS	5529 LAKEVIEW MEWS TERR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAUL, BERNICE	
STREET ADDRESS	5570 PIPING ROCK DR.	
CITY-ST-ZIP	BOYNTON BEACH FL	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOVICK, CHELEN	
STREET ADDRESS	5621 LAKEVIEW MEWS CT	
CITY-ST-ZIP	BOYNTON BEACH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, ANTHONY	
STREET ADDRESS	5727 LAKEVIEW MEWS CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBSON, RUTH	
STREET ADDRESS	5517 LAKEVIEW MEWS TERR	
CITY-ST-ZIP	BOYNTON BEACH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ruth Jacobson* RUTH JACOBSON 2/15/00 561-734-8005
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)