

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90238 010 ****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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-1983466** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CRYSTAL COMMUNITY MANAGEMENT, INC.
C/O JOE BARTLETT, PRESIDENT
5995 BANNOCK TERR
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 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 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	P GROSSMAN, RUTH 5509 LAKEVIEW MEWS TERRACE BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ruth Grossman-Director <input type="checkbox"/> Change <input type="checkbox"/> Addition 5509 Lakeview Mews Terrace Boynton Beach, Fl 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOSTIN, BENJAMIN 5707 LAKEVIEW MEWS DR BOYNTON BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joan Moss 5577 Lakeview Mews Drive Boynton Beach, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOSS, JOAN 5577 LAKEVIEW MEWS DR. BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bernice Paul 5570 Piping Rock Drive Boynton Beach, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULMAN, BARRY 5535 LAKEVIEW MEWS TERRACE BOYNTON BEACH FL 33437 <input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Eileen Jacobs 5645 Lakeview Mews Drive Boynton Beach, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSEL, JACK 5501 LAKEVIEW MEWS TERRACE BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Edi Turner 5549 Lakeview Mews Drive Boynton Beach, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, BERNICE 5570 PIPING ROCK DR. BOYNTON BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joan Moss, President* **Joan Moss 4-1-04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #