


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90358 040 ****61.25

DOCUMENT # 746715					
1. Entity Name THE VILLAS OF GREEN GLEN II ASSOCIATION, INC.					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1983466				Applied For <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 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GROSSMAN, RUTH	NAME	HIRSCH, ERNI		
STREET ADDRESS	5509 LAKEVIEW MEWS TERRACE	STREET ADDRESS	5740 PIPING ROCK DRIVE		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KOSTIN, BENJAMIN	NAME	TURNER, EDI		
STREET ADDRESS	5707 LAKEVIEW MEWS DR	STREET ADDRESS	5549 LAKEVIEW MEWS DRIVE		
CITY-ST-ZIP	BOYNTON BEACH, FL	CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MOSS, JOAN	NAME	WEINER, LINDA		
STREET ADDRESS	5577 LAKEVIEW MEWS DR.	STREET ADDRESS	5681 LAKEVIEW MEWS DRIVE		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JACOBS, EILEEN	NAME	KLYCZEK, JAMES		
STREET ADDRESS	5645 LAKEVIEW MEWS DR.	STREET ADDRESS	5791 LAKEVIEW MEWS PLACE		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	D <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AUSEL, JACK	NAME	AUSEL, JACK		
STREET ADDRESS	5501 LAKEVIEW MEWS TERRACE	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAUL, BERNICE	NAME	PAUL, BERNICE		
STREET ADDRESS	5570 PIPING ROCK DR.	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL	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: <u>Bernice Paul</u>			Date: <u>2/24/05</u>		Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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