
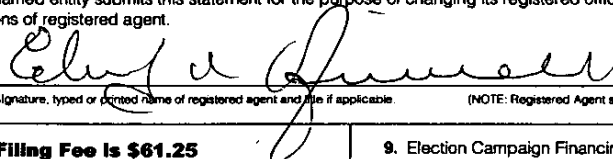
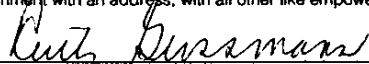


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90428 049 ****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	
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 CRYSTAL COMMUNITY MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 5995 BANNOCK TERRACE City BOYNTON BEACH FL Zip Code 33437
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 <u>4/28/06</u>		
Filing Fee is \$61.25 Due by May 1, 2006		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	D <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROSSMAN, RUTH	NAME	GROSSMAN, RUTH	
STREET ADDRESS	5509 LAKEVIEW MEWS TERRACE	STREET ADDRESS	5509 LAKEVIEW MEWS TERRACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D <input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HIRSCH, ERNI	NAME	SUMMERS, SHIRLEY	
STREET ADDRESS	5740 PIPING ROCK DRIVE	STREET ADDRESS	5539 LAKEVIEW MEWS TERRACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TURNER, EDI	NAME	SPINA, MICHAEL	
STREET ADDRESS	5549 LAKEVIEW MEWS DRIVE	STREET ADDRESS	5550 PIPING ROCK DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLYCZEK, JAMES	NAME		
STREET ADDRESS	5791 LAKEVIEW MEWS PLACE	STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AUSEL, JACK	NAME	WEINER, LINDA	
STREET ADDRESS	5501 LAKEVIEW MEWS TERRACE	STREET ADDRESS	5681 LAKEVIEW MEWS DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	P <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, BERNICE	NAME		
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 exemptions contained in Chapter 119, 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: 		DATE: <u>4/28/06</u>		DAYTIME PHONE: <u>561-737-9707</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #

50018226



03172006 Chg-NP CR2E037 (11/05)

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

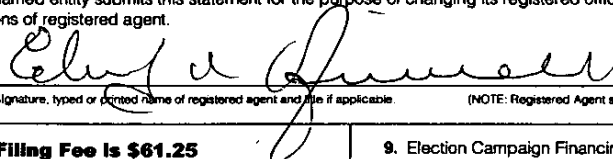
7. Name and Address of New Registered Agent

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

Name
~~CRYSTAL COMMUNITY MANAGEMENT, INC.~~
Street Address (P.O. Box Number is Not Acceptable)
5995 BANNOCK TERRACE
City
BOYNTON BEACH FL Zip Code
33437

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

4/28/06

Filing Fee is \$61.25
Due by May 1, 2006

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 D Delete
NAME GROSSMAN, RUTH
STREET ADDRESS 5509 LAKEVIEW MEWS TERRACE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE VP Change Addition
NAME GROSSMAN, RUTH
STREET ADDRESS 5509 LAKEVIEW MEWS TERRACE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D Delete
NAME HIRSCH, ERNI
STREET ADDRESS 5740 PIPING ROCK DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE S Change Addition
NAME SUMMERS, SHIRLEY
STREET ADDRESS 5539 LAKEVIEW MEWS TERRACE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE VP Delete
NAME TURNER, EDI
STREET ADDRESS 5549 LAKEVIEW MEWS DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D Change Addition
NAME SPINA, MICHAEL
STREET ADDRESS 5550 PIPING ROCK DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D Delete
NAME KLYCZEK, JAMES
STREET ADDRESS 5791 LAKEVIEW MEWS PLACE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T Delete
NAME AUSEL, JACK
STREET ADDRESS 5501 LAKEVIEW MEWS TERRACE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

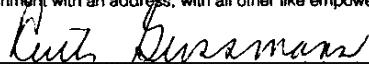
TITLE T Change Addition
NAME WEINER, LINDA
STREET ADDRESS 5681 LAKEVIEW MEWS DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE P Delete
NAME PAUL, BERNICE
STREET ADDRESS 5570 PIPING ROCK DR.
CITY-ST-ZIP BOYNTON BEACH, FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:



4/28/06

561-737-9707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #