


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90040 016 ****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**

40006161



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01262007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-1983466

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**CONNELL, EDWARD O
 5995 BANNOCK TERRACE
 BOYNTON BEACH, FL 33437**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GROSSMAN, RUTH	
STREET ADDRESS	5509 LAKEVIEW MEWS TERRACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIRSCH, ERNI	
STREET ADDRESS	5740 PIPING ROCK DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	S	<input type="checkbox"/> Delete
NAME	SUMMERS, SHIRLEY	
STREET ADDRESS	5539 LAKEVIEW MEWS TERRACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLYCZEK, JAMES	
STREET ADDRESS	5791 LAKEVIEW MEWS PLACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GROSSMAN, RUTH	
STREET ADDRESS	5509 LAKEVIEW MEWS TERRACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PAUL, BERNICE	
STREET ADDRESS	5570 PIPING ROCK DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY SUMMERS	
STREET ADDRESS	5539 LAKEVIEW MEWS TERRACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALE ABRAMS	
STREET ADDRESS	5637 LAKEVIEW MEWS CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA WEINER	
STREET ADDRESS	5681 LAKEVIEW MEWS DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYNTHIA SHULMAN	
STREET ADDRESS	5535 LAKEVIEW MEWS DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL SPINA	
STREET ADDRESS	5550 PIPING ROCK DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLAN LEVICK	
STREET ADDRESS	5505 LAKEVIEW MEWS TERRACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

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: *Shirley M Summers* **2/13/07 (561) 375-6340**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #