

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90022 005 \*\*\*\*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

40033003



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01282008 Chg-NP CR2E037 (12/06)

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  
**CONNELL, EDWARD O.**  
**5995 BANNOCK TERRACE**  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

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	V	<input type="checkbox"/> Delete
NAME	ABRAMS, GALE	
STREET ADDRESS	5637 LAKEVIEW MEWS CIR.	
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	P	<input checked="" type="checkbox"/> Delete
NAME	SUMMERS, SHIRLEY	
STREET ADDRESS	5539 LAKEVIEW MEWS TERRACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SHULMAN, CYNTHIA	
STREET ADDRESS	5535 LAKEVIEW MEWS DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEINER, LINDA	
STREET ADDRESS	5681 LAKEVIEW MEWS DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVICK, ALLAN	
STREET ADDRESS	5505 LAKEVIEW MEWS TERR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALE ABRAMS	
STREET ADDRESS	5637 LAKEVIEW MEWS CIR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	V.V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK PREZIOSI	
STREET ADDRESS	5760 Piping Rock Drive	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARLENE BAWCOMBE	
STREET ADDRESS	5791 LAKEVIEW MEWS PLACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	DIRECTOR	<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	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALLY GOLDNER	
STREET ADDRESS	5641 LAKEVIEW MEWS CT.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
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 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:** *GALE ABRAMS* President **561-5046053**

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