


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 756748 (0)**  
 1. Corporation Name  
**GREEN GLEN III HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>5995 BANNOCK TERRACE BOYNTON BCH FL 33437</b>	Mailing Address <b>5995 BANNOCK TERRACE BOYNTON BCH FL 33437</b>
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3. Date Incorporated or Qualified <b>03/12/1981</b>		
4. FEI Number <b>59-2083903</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**CRYSTAL COMMUNITY MGMT, INC  
 C/O JOE BARTLETT, PRES  
 BOYNTON BCH FL 33437**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MILDRED WEISS</b>	
STREET ADDRESS	<b>11802 KIVA DR</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRY GREEN</b>	
STREET ADDRESS	<b>11806 KIVA DR</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NUSSBAUM, JACK</b>	
STREET ADDRESS	<b>5843 KIOWA CIRCLE</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GILBERT, SANFORD</b>	
STREET ADDRESS	<b>5578 KIOWA CIRCLE</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MELVIN ELDELMAN</b>	
STREET ADDRESS	<b>5606 KIOWA CIRCLE</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MILDRED WEISS</b>	
1.3 STREET ADDRESS	<b>11802 KIVA DR</b>	
1.4 CITY-ST-ZIP	<b>BOYNTON BCH, FL</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>EILEEN FILER</b>	
2.3 STREET ADDRESS	<b>11798 KIVA DR</b>	
2.4 CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JACK GORDON</b>	
3.3 STREET ADDRESS	<b>5702 KIOWA CIRCLE</b>	
3.4 CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>GALVIN, AARON</b>	
4.3 STREET ADDRESS	<b>5610 KIOWA CIRCLE</b>	
4.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**14.** 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Mildred Weiss* President 4/10/98 (561) 734-8005

CR2E037 (10/97)