

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90450 011 ****61.25

DOCUMENT # 756748

1. Entity Name

GREEN GLEN III HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5995 BANNOCK TERRACE
BOYNTON BCH FL 33437**

**5995 BANNOCK TERRACE
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

59-2083903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D HIRSH, HAROLD**
STREET ADDRESS **5642 KIOWA CIRCLE**
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE ☐ Change ☒ Addition
NAME **TD ROSKER, PEARL**
STREET ADDRESS **5634 KIOWA CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH, FL**

TITLE ☐ Delete
NAME **SD HARRY GREEN**
STREET ADDRESS **11806 KIVA DR**
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE ☐ Change ☒ Addition
NAME **D WEISS, HAROLD**
STREET ADDRESS **5598 KIOWA CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH, FL**

TITLE ☐ Delete
NAME **D NUSSBAUM, JACK**
STREET ADDRESS **5643 KIOWA CIRCLE**
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE ☒ Change ☒ Addition
NAME **D KAPLAN, MILTON**
STREET ADDRESS **5674 KIOWA CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH, FL**

TITLE ☐ Delete
NAME **D GARDE, HERBERT**
STREET ADDRESS **5566 KIOWA CIRCLE**
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD MELVIN EDELMAN**
STREET ADDRESS **5606 KIOWA CIRCLE**
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D GORDON, JACK**
STREET ADDRESS **5702 KIOWA CIR**
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 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:

Melvin Edelman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melvin Edelman, President 3/11/02

Date

Daytime Phone #

CR2E037 (9/01)