

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90291 006 ****61.25

DOCUMENT # 756748 1. Entity Name GREEN GLEN III HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5995 BANNOCK TERRACE BOYNTON BCH, FL 33437			Mailing Address 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		
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. 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, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D HIRSH, HAROLD 5642 KIOWA CIRCLE BOYNTON BCH, FL	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FILER, EILEEN 11798 KIVA DRIVE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAPLAN, MILTON 5674 KIOWA CIR. BOYNTON BEACH, FL 33437	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHRAGER, GERALD 5654 KIOWA CIRCLE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NUSSBAUM, JACK 5643 KIOWA CIRCLE BOYNTON BCH, FL	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSKER, PEARL 5654-KIOWA-CIRCLE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDE, HERBERT 5566 KIOWA CIRCLE BOYNTON BCH, FL	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHENBERG, FRANK 5698 KIOWA CIRCLE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELVIN ELDELMAN 5606 KIOWA CIRCLE BOYNTON BCH, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDELMA, MELVIN 5606 KIOWA CIRCLE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANASZAK, RICHARD 11814 KIVA DRIVE BOYNTON BEACH, FL 33437	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, HAROLD 5598 KIOWA CIRCLE BOYNTON BEACH, FL 33437
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: _____ <i>2/24/05</i> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					