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Mar 02 1996 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21910 (7)

1. Corporation Name

GREENE PCD MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

**P O BOX 342
FAIR LAWN NJ 07410**

Mailing Address

**P O BOX 342
FAIR LAWN NJ 07410**

3. Date Incorporated or Qualified
08/05/1987

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FISHER, JAMES
3825 S. NOVA ROAD, STE 4
PORT ORANGE 32127**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME **GREENE, MURRAY**
STREET ADDRESS **P O BOX 342 N/A**
CITY-ST-ZIP **FAIR LAWN NJ**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **FAIR LAWN NJ 07410**

TITLE **D** ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME **KLOTZ, IRVING**
STREET ADDRESS **16-00 HYWAY 208 (POB 342)**
CITY-ST-ZIP **FAIR LAWN NJ**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **FAIR LAWN NJ 07410**

TITLE **D** ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME **KLOTZ, EUNICE**
STREET ADDRESS **16-00 HYWAY 208 (POB 342)**
CITY-ST-ZIP **FAIR LAWN NJ**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **FAIR LAWN NJ 07410**

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

Murray Greene DIRECTOR

FEB 26 1996

Date

Daytime Phone #

CR2E037 (12/95)