

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -5 PM 2:47

**DOCUMENT # N29724 (4)**  
1. Corporation Name  
**GREENSPONTE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**5905 BANNOCK TERR  
4400 N. FEDERAL HWY STE. 100  
BOYNTON BCH FL 33437  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/15/1988** 3a. Date of Last Report **04/06/1994**  
4. FEI Number **65-0103225** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**BARTLETT, JOE  
PRESID. CRYSTAL COMM. MGMT.  
5905 BANNOCK TERRACE  
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>
NAME	<b>BRANDT, HAROLD</b>
STREET ADDRESS	<b>6070 GREENSPONTE DRIVE</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	<b>SD</b>
NAME	<b>HAMBURG, MARVIN</b>
STREET ADDRESS	<b>6124 GREENSPONTE DRIVE</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	<b>TD</b>
NAME	<b>GRELLER, SIDNEY</b>
STREET ADDRESS	<b>6280 GREENSPONTE DRIVE</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	<b>PD</b>
NAME	<b>AGUD, ROGER</b>
STREET ADDRESS	<b>6132 GREENSPONTE DRIVE</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	<b>D</b>
NAME	<b>FRANKEL, JUSTIN</b>
STREET ADDRESS	<b>6137 GREENSPONTE DRIVE</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" 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 checked="" type="checkbox"/> Addition
6.2 NAME	<b>S/D/T</b>
6.3 STREET ADDRESS	<b>PHILLIP GOLDSTEIN</b>
6.4 CITY - ST - ZIP	<b>6142 GREENSPONTE DRIVE BOYNTON BEACH, FL 33437</b>

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 110.07(3)(b), Florida Statutes. I further certify that the information reported 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Y Agud Pres. Roger Agud 3/28/95 (407) 369-3463  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date