

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N29724 (4)**  
1. Corporation Name

**GREENSPOINTE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**5995 BANNOCK TERR  
4400 N. FEDERAL HWY STE. 100  
BOYNTON BCH FL 33437  
US** **5995 BANNOCK TERRACE  
BOYNTON BEACH FL 33437**

3. Date Incorporated or Qualified <b>12/15/1988</b>	3a. Date of Last Report <b>04/05/1995</b>
4. FEI Number <b>65-0103225</b>	Applied For Not Applicable
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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

**BARTLETT, JOE  
PRESID. CRYSTAL COMM. MGMT.  
5995 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
85 Zip Code

**FL**

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 re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BRANDT, HAROLD 6070 GREENSPOINTE DRIVE BOYNTON BEACH FL 33437</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HAMBURG, MARVIN 6124 GREENSPOINTE DRIVE BOYNTON BEACH FL 33437</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRELLER, SIDNEY 6260 GREENSPOINTE DRIVE BOYNTON BEACH FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD AGUD, ROGER 6132 GREENSPOINTE DRIVE BOYNTON BEACH FL 33437</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRANKEL, JUSTIN 6137 GREENSPOINTE DRIVE BOYNTON BEACH FL 33437</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDT PHILLIP GOLDSTEIN 6142 GREENSPOINTE DR BOYNTON BCH FL</b> <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P/D George Fox</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6257 Greenspointe Drive Boynton Beach, FL 33437</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>V/D Roger Rubens</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6089 Greenspointe Drive Boynton Beach, FL 33437</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>T/D Arnold Glucksman</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6134 Greenspointe Drive Boynton Beach, FL 33437</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *George Fox* \_\_\_\_\_  
Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)