

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29724 (4)  
1. Corporation Name  
GREENSPOINTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 5995 BANNOCK TERR 4400 N. FEDERAL HWY STE. 100 BOYNTON BCH FL 33437 US	Mailing Address 5995 BANNOCK TERRACE BOYNTON BEACH FL 33437-1447
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3. Date Incorporated or Qualified 12/15/1988	3a. Date of Last Report 04/08/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0103225 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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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
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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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME FOX, GEORGE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6257 GREENSPOINTE DR	CITY-ST-ZIP BOYNTON BCH FL	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE VD	NAME RUBENS, ROGER	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6089 GREENSPOINTE DR	CITY-ST-ZIP BOYNTON BCH FL	2.1 TITLE	
	<input checked="" type="checkbox"/> DELETE	2.2 NAME	V/T/D
TITLE TD	NAME GLUCKSMAN, ARNOLD	2.3 STREET ADDRESS 6142 GREENSPOINTE DR	
STREET ADDRESS 6134 GREENSPOINTE DR	CITY-ST-ZIP BOYNTON BCH FL	2.4 CITY-ST-ZIP BOYNTON BCH FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE	S/D
TITLE D	NAME FRANKEL, JUSTIN	3.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6137 GREENSPOINTE DRIVE	CITY-ST-ZIP BOYNTON BEACH FL 33437	3.3 STREET ADDRESS 6134 GREENSPOINTE DR	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	NAME PHILLIP GOLDSTEIN	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6142 GREENSPOINTE DR	CITY-ST-ZIP BOYNTON BCH FL	4.2 NAME	
	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS 6143 GREENSPOINTE DR	
TITLE		4.4 CITY-ST-ZIP BOYNTON BCH FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	D
CITY-ST-ZIP		5.3 STREET ADDRESS 6143 GREENSPOINTE DR	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP BOYNTON BCH FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Sandra B. Mortham* President 04/08/97 (561) 734-8005

CR2E037 (9/96)