


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N29724 (4)**  
1. Corporation Name  
**GREENSPOINTE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>5995 BANNOCK TERR 4400 N. FEDERAL HWY STE 100 BOYNTON BCH FL 33437 US</b>	Mailing Address <b>5995 BANNOCK TERRACE BOYNTON BEACH FL 33437</b>
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3. Date Incorporated or Qualified <b>12/15/1988</b>	
4. FEI Number <b>65-0103225</b>	Applied For <input type="checkbox"/> 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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOX, GEORGE 6257 GREENSPOINTE DR BOYNTON BCH FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SD EINHORN, ROSALIND 6148 GREENSPOINTE DRIVE BOYNTON BEACH, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GOLDSTEIN, PHILIP 6142 GREENSPOINTE DRIVE BOYNTON BEACH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD GOLDSTEIN PHILIP 6142 GREENSPOINTE DRIVE BOYNTON BEACH, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLUCKSMAN, ARNOLD 6134 GREENSPOINTE DR BOYNTON BCH FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D DAVID GOLDBERG 6155 GREENSPOINTE DRIVE BOYNTON BEACH, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKEL, JUSTIN 6137 GREENSPOINTE DRIVE BOYNTON BEACH FL 33437 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD FRANKEL, JUSTIN 6137 GREENSPOINTE DRIVE BOYNTON BEACH, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHN, RUTH 6143 GREENSPOINTE DR BOYNTON BEACH FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VD COHN, RUTH 6143 GREENSPOINTE DRIVE BOYNTON BEACH, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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:** *Gale Goldstein* **GALE GOLDSTEIN, PRES 4-7-98 (561) 734-8005**

CR2E037 (10/97)