


FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90100 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29724
 1. Corporation Name
GREENSPOINTE CONDOMINIUM ASSOCIATION, INC.

547651-90027-19

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
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2. Principal Place of Business 21	2a. Mailing Address 26 1240 South Federal Highway	3. Date Incorporated or Qualified 12/15/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0103225
City & State 23	City & State 28 Boynton Beach, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 33435	Country 30 US	

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: Florida Performance Plus, Inc.
 82 Street Address (P.O. Box Number is Not Acceptable)
 1240 South Federal Highway
 83
 84 City: Boynton Beach FL 85 Zip Code: 33435

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 617.0508, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/19/99

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

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/15/99

CR2E037 (11/98)