

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90009 014 ****61.25

DOCUMENT # N29724

1. Entity 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

~~1240 S. FEDERAL HWY~~
BOYNTON BEACH FL 33435-6041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

500 NE Spanish River Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite #18

City & State

City & State
Boca Raton, Fl.

4. FEI Number

65-0103225

Applied For

Not Applicable

Zip

Country

Zip

Country

33431

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTLETT, JOE
PRESID. CRYSTAL COMM. MGMT.
5995 BANNOCK TERRACE
BOYNTON BEACH FL 33437

Name

Ernest W. Willis

Street Address (P.O. Box Number is Not Acceptable)

500 N.E. Spanish River Blvd.

Suite #18

City

Boca Raton,

FL

Zip Code

33431

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **Ernest W. Willis**

4/6/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE **SD** Delete
 NAME **EINHORN, ROSALIND**
 STREET ADDRESS **6148 GREENSPOINTE DR**
 CITY-ST-ZIP **BOYNTON BCH FL**

TITLE **PD.** Change Addition
 NAME **ALEX PIRANIAN**
 STREET ADDRESS **6266 GREENSPOINTE DR.**
 CITY-ST-ZIP **BOYNTON BCH FL**

TITLE **PD** Delete
 NAME **GOLDSTEIN, PHILIP**
 STREET ADDRESS **6142 GREENSPOINTE DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **VD** Change Addition
 NAME **DAVID BROMBERG**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DAVID GOLDBERG**
 STREET ADDRESS **6155 GREENSPOINTE DR**
 CITY-ST-ZIP **BOYNTON BCH FL**

TITLE **D.** Change Addition
 NAME **PHILIP GALVIN**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **FRANKEL, JUSTIN**
 STREET ADDRESS **6137 GREENSPOINTE DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **COHN, RUTH**
 STREET ADDRESS **6143 GREENSPOINTE DR**
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **D.** Change Addition
 NAME **COHN, RUTH**
 STREET ADDRESS **6143 GREENSPOINTE DR.**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ALEX PIRANIAN EQU **4/6/00 561-738-6280**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)