


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90028 029 ****61.25

DOCUMENT # N29724			
1. Entity Name GREENSPOINTE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6266 GREENSPOINTE DR BOYNTON BCH FL 33437 US		Mailing Address 500 NE SPANISH RIVER BLVD SUITE 18 BOCA RATON FL 33431	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 65-0103225		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLIS, ERNEST W 500 NE SPANISH RIVER BLVD SUITE 18 BOCA RATON FL 33431		Name _____	
		Street Address (P.O. Box Number is Not Acceptable) _____	
		City _____	
		FL	Zip Code _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD GOLDSTEIN, PHILIP <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6142 GREENSPOINE DRIVE	NAME	Phil Goldstein
STREET ADDRESS	BOYNTON BCH FL 33437	STREET ADDRESS	6142 Greenspointe Dr.
CITY-ST-ZIP		CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	VPD LOWINGER, JERRY <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6094 GREENSPOINTE DR	NAME	Jerry Lowinger
STREET ADDRESS	BOYNTON BEACH FL 33437	STREET ADDRESS	6094 Greenspointe DR.
CITY-ST-ZIP		CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	SD RABKIN, WILLIAM <input checked="" type="checkbox"/> Delete	TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6227 GREENSPOINTE DRIVE	NAME	Roland Goldis
STREET ADDRESS	BOYNTON BEACH FL 33437	STREET ADDRESS	6209 Greenspointe Drive
CITY-ST-ZIP		CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	TD FRANKEL, JUSTIN <input type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6137 GREENSPOINTE DRIVE	NAME	Leon Malin
STREET ADDRESS	BOYNTON BEACH FL 33437	STREET ADDRESS	6119 Greenspointe Drive
CITY-ST-ZIP		CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	D GLUCKSMAN, ARNOLD <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6134 GREENSPOINTE DRIVE	NAME	George Fox
STREET ADDRESS	BOYNTON BEACH FL 33437	STREET ADDRESS	6257 Greenspointe Drive
CITY-ST-ZIP		CITY-ST-ZIP	Boynton Beach, FL 33437
TITLE	<input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Robert Fuchs
STREET ADDRESS		STREET ADDRESS	6131 Greenspointe DR
CITY-ST-ZIP		CITY-ST-ZIP	Boynton Beach, FL 33437

12. 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 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: *Roland Goldis* **Roland Goldis** 4-1-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #