

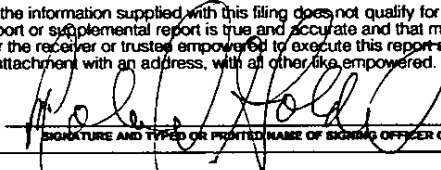


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90477 048 \*\*\*\*61.25

<b>DOCUMENT # N29724</b> 1. Entity Name <b>GREENSPOINTE CONDOMINIUM ASSOCIATION, INC.</b>					
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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0103225</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILLIS, ERNEST W</b> <b>500 NE SPANISH RIVER BLVD SUITE 18</b> <b>BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name <b>CRYSTAL COMMUNITY MGMT. INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O EDWARD O'CONNELL</b> <b>5995 BANNOCK TERRACE</b> City <b>BOYNTON BEACH</b> <b>FL</b> Zip Code <b>33437</b>	
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  DATE <b>4/25/2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GOLDSTEIN, PHILIP</b>		NAME		
STREET ADDRESS	<b>6142 GREENSPOINTE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOYNTON BCH, FL 33437</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LOWINGER, JERRY</b>		NAME		
STREET ADDRESS	<b>6094 GREENSPOINTE DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GOLDIS, ROLAND</b>		NAME		
STREET ADDRESS	<b>6209 GREENSPOINTE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FRANKEL, JUSTIN</b>		NAME		
STREET ADDRESS	<b>6137 GREENSPOINTE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GOLDBERG, THELMA</b>		NAME		
STREET ADDRESS	<b>6155 GREENSPOINTE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MALIN, LEON</b>		NAME		
STREET ADDRESS	<b>6119 GREENSPOINTE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE <b>4/26/06</b> 735-3282 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

30017603



04202006 Chg-NP CR2E037 (11/05)