


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90016 008 ****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

40035936



2. Principal Place of Business - No P.O. Box #
 5995 BANNOCK TERRACE
 Suite, Apt. #, etc.

3. Mailing Address
 5995 BANNOCK TERRACE
 Suite, Apt. #, etc.

03062007 Chg-NP CR2E037 (12/06)

City & State
 BOYNTON BEACH, FL

City & State
 BOYNTON BEACH, FL

Zip Country
 33437 US

Zip Country
 33437 US

4. FEI Number
 65-0103225

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CRYSTAL COMMUNITY MGMT, INC.
C/O EDWARD O'CONNELL
5995 BANNOCK TERRACE
BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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 **D** Delete
 NAME **GOLDSTEIN, PHILIP**
 STREET ADDRESS **6142 GREENSPOINE DRIVE**
 CITY-ST-ZIP **BOYNTON BCH, FL 33437**

TITLE **P** Change Addition
 NAME **GOLDIS, ROLAND**
 STREET ADDRESS **6209 GREENSPOINTE DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **D** Delete
 NAME **LOWINGER, JERRY**
 STREET ADDRESS **6094 GREENSPOINTE DR**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **V P** Change Addition
 NAME **RUBENS, ROGER**
 STREET ADDRESS **6089 GREENSPOINTE DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **VP** Delete
 NAME **GOLDIS, ROLAND**
 STREET ADDRESS **6209 GREENSPOINTE DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **S** Change Addition
 NAME **HOSCH, GLADYS**
 STREET ADDRESS **6154 GREENSPOINTE DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

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

TITLE **D** Change Addition
 NAME **SCHIFF, HANK**
 STREET ADDRESS **6070 GREENSPOINTE DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **D** Delete
 NAME **GOLDBERG, THELMA**
 STREET ADDRESS **6155 GREESSPOINTE DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **D** Change Addition
 NAME **MALIN, LEON**
 STREET ADDRESS **6119 GREENSPOINTE,DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **P** Delete
 NAME **MALIN, LEON**
 STREET ADDRESS **6119 GREENSPOINTE DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

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 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: *Rolland Goldis* 3-7-07 561-935-3282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #