

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29724

FILED
Mar 05, 2009
Secretary of State

Entity Name: GREENSPOINTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5995 BANNOCK TERRACE
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

5995 BANNOCK TERRACE
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 65-0103225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOLDSTEIN, PHILIP
Address: 6142 GREENSPOINE DRIVE
City-St-Zip: BOYNTON BCH, FL 33437

Title: VP () Delete
Name: RUBENS, ROGER
Address: 6089 GREENSPOINTE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: P () Delete
Name: GOLDIS, ROLAND
Address: 6209 GREENSPOINTE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD () Delete
Name: FRANKEL, JUSTIN
Address: 6137 GREENSPOINTE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S () Delete
Name: HOSCH, GLADYS
Address: 6154 GREENSPOINTE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: SCHIFF, HANK
Address: 6070 GREENSPOINTE DR
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GOLDSTEIN, PHILIP
Address: 6142 GREENSPOINTE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FRANKEL, JUSTIN
Address: 6137 GREENSPOINTE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLAND GOLDIS

MR.

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date