**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 29, 2021**
**Secretary of State**
**2950483957CC**

DOCUMENT# 741773

**Entity Name:** GREEN LAKES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O REALMANAGE/ASG
9050 PINES BLVD. SUITE #480
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

C/O REALMANAGE/ASG
P O BOX 803555
DALLAS, TX 75380 US

**FEI Number: 59-1916077**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOGEN, MICHAEL
BOGEN LAW GROUP, P.A.
7351 WILES RD. SUITE #202
CORAL SPRING , FL 33067 US

*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: MICHAEL BOGEN 04/29/2021

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | PRESIDENT | Title | VICE PRESIDENT |
| Name | WIERINGA, LINDA | Name | WATRAS, CHRISTOPHER |
| Address | C/O REALMANAGE/ASG<br>9050 PINES BLVD. SUITE #480 | Address | C/O REALMANAGE/ASG<br>9050 PINES BLVD. SUITE #480 |
| City-State-Zip: | PEMBROKE PINES FL 33024 | City-State-Zip: | PEMBROKE PINES FL 33024 |
| Title | TREASURER | Title | SECRETARY |
| Name | SCHWARTZ, STEPHEN | Name | SCHWARTZ, MARC |
| Address | C/O REALMANAGE/ASG<br>9050 PINES BLVD. SUITE #480 | Address | C/O REALMANAGE/ASG<br>9050 PINES BLVD. SUITE #480 |
| City-State-Zip: | PEMBROKE PINES FL 33024 | City-State-Zip: | PEMBROKE PINES FL 33024 |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | BINDELL, JOSEPH | Name | TURCOTTE, MICHAEL |
| Address | C/O REALMANAGE/ASG<br>9050 PINES BLVD. SUITE #480 | Address | C/O REALMANAGE/ASG<br>9050 PINES BLVD. SUITE #480 |
| City-State-Zip: | PEMBROKE PINES FL 33024 | City-State-Zip: | PEMBROKE PINES FL 33024 |
| Title | DIRECTOR | | |
| Name | GOLDIN, ELAINE | | |
| Address | C/O REALMANAGE/ASG<br>9050 PINES BLVD. SUITE #480 | | |
| City-State-Zip: | PEMBROKE PINES FL 33024 | | |

*I hereby 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 all other like empowered.*

SIGNATURE: LINDA WIERINGA PRESIDENT 04/29/2021

Electronic Signature of Signing Officer/Director Detail — Date