2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741773

Entity Name: GREEN LAKES CONDOMINIUM ASSOCIATION, INC.

FILED Mar 20, 2019 Secretary of State 8231654495CC

Current Principal Place of Business:

C/O ASSOCIATION SPECIALTY GROUP, LLC 9050 PINES BLVD. SUITE #480 PEMBROKE PINES, FL 33024

Current Mailing Address:

C/O ASSOCIATION SPECIALTY GROUP, LLC 9050 PINES BLVD. SUITE #480 PEMBROKE PINES, FL 33024 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 03/20/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VICE PRESIDENT

Name WIERINGA, LINDA Name SCHWARTZ, STEPHEN

C/O ASSOCIATION SPECIALTY Address Address C/O ASSOCIATION SPECIALTY

GROUP, LLC GROUP, LLC

9050 PINES BLVD. SUITE #480 9050 PINES BLVD. SUITE #480

PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 City-State-Zip: City-State-Zip:

SECRETARY Title **TREASURER** Title ROLLS, TERESA Name

GOLDBERG, LOUIS Name

C/O ASSOCIATION SPECIALTY C/O ASSOCIATION SPECIALTY Address Address

GROUP, LLC GROUP, LLC

9050 PINES BLVD. SUITE #480 9050 PINES BLVD. SUITE #480 PEMBROKE PINES FL 33024 City-State-Zip: PEMBROKE PINES FL 33024 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

Name BINDELL, JOSEPH Name KRAMER, FLORENCE

C/O ASSOCIATION SPECIALTY C/O ASSOCIATION SPECIALTY Address Address

GROUP, LLC GROUP, LLC

9050 PINES BLVD. SUITE #480 9050 PINES BLVD. SUITE #480

PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 City-State-Zip: City-State-Zip:

Title **DIRECTOR**

Name GOLDIN, ARNOLD

Address C/O ASSOCIATION SPECIALTY

GROUP, LLC

9050 PINES BLVD. SUITE #480

PEMBROKE PINES FL 33024 City-State-Zip:

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.

03/20/2019 SIGNATURE: LINDA WIERINGA PRESIDENT