2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741773

Entity Name: GREEN LAKES CONDOMINIUM ASSOCIATION, INC.

FILED Aug 22, 2018 Secretary of State CC7369643145

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:

BRATEN, STEVE ROSEMBAUM, PLLC 250 SOUTH AUSTRALIAN AVE 5TH FL. WEST PALM BEACH, FL 33401 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: STEVE BRATEN 08/22/2018

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VICE PRESIDENT Name NEIDERMAN, CLAYTON Name GOLDIN, ARNOLD

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:

SECRETARY Title **TREASURER** Title

WOLSTENCROFT, SAMUEL KRAMER, FLORENCE Name 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 MUCHNICK, BARRY Name TELLIER, JOHN

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**

LEVINE, STANLEY

Address C/O ASSOCIATION SPECIALTY GROUP, LLC

Name

9050 PINES BLVD. SUITE #480

PEMBROKE PINES FL 33024 City-State-Zip:

above, or on an attachment with all other like empowered.

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

08/22/2018 SIGNATURE: CLAYTON NEIDERMAN PRESIDENT