2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 741773

Entity Name: GREEN LAKES CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 12, 2025
Secretary of State
1520076639CC

Current Principal Place of Business:

C/O INDIAN SPRING MASTER ASSOCIATION, INC 5995 BANNOCK TERRACE BOYNTON BEACH, FL 33437

Current Mailing Address:

C/O INDIAN SPRING MASTER ASSOCIATION, INC 5995 BANNOCK TERRACE BOYNTON BEACH, FL 33437 US

FEI Number: 59-1916077 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANOFF, LAURIE STOLOFF & MANOFF, P.A. 2090 PALM BEACH LAKES BLVD SUITE #502 WEST PALM BEACH, FL 33409 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: LAURIE MANOFF 03/12/2025

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VICE PRESIDENT

Name WIERINGA, LINDA Name WATRAS, CHRISTOPHER

Address C/O INDIAN SPRING MASTER Address C/O INDIAN SPRING MASTER

ASSOCIATION, INC

5995 BANNOCK TERRACE 5995 BANNOCK TERRACE

City-State-Zip: BOYNTON BEACH FL 33437 City-State-Zip: BOYNTON BEACH FL 33437

Title TREASURER Title DIRECTOR

Name SCHWARTZ, STEPHEN Name BINDELL, JOSEPH

Address C/O INDIAN SPRING MASTER Address C/O INDIAN SPRING MASTER

ASSOCIATION, INC

ASSOCIATION, INC

5995 BANNOCK TERRACE 5995 BANNOCK TERRACE

City-State-Zip: BOYNTON BEACH FL 33437 City-State-Zip: BOYNTON BEACH FL 33437

Title SECRETARY Title DIRECTOR

Name SOLOMON, NORMAN Name DI PIETRO, CONRAD

Address C/O INDIAN SPRING MASTER Address C/O INDIAN SPRING MASTER

ASSOCIATION, INC. ASSOCIATION, INC.

5995 BANNOCK TERRACE 5995 BANNOCK TERRACE

City-State-Zip: BOYNTON BEACH FL 33437 City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR

Name TURCOTTE, MICHEL

Address C/O INDIAN SPRING MASTER

ASSOCIATION, INC.

5995 BANNOCK TERRACE

City-State-Zip: BOYNTON BEACH FL 33437

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 03/12/2025