

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:08

DOCUMENT # 710217 (1)

1. Corporation Name
CRYSTAL LAKE 3930 ASSOCIATION INC. (A CONDOMINIUM ASSOCIATION)

Principal Place of Business Mailing Address
3930 CRYSTAL LAKE DRIVE #107 3930 CRYSTAL LAKE DRIVE #107
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/18/1966	3a. Date of Last Report 02/01/1994
4. FEI Number 59-1534011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
SUNVEST MANAGEMENT
1100 ST. STATE ROAD 7
3111 STERLING RD.
MARGATE FL 33068

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	T
NAME	DELGADO, JOHN
STREET ADDRESS	3930 CRYSTAL LAKE DRIVE #211
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	S
NAME	FISHER, RALPH
STREET ADDRESS	3930 CRYSTAL LAKE DR 104
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D
NAME	POH, KENNETH
STREET ADDRESS	3930 CRYSTAL LAKE DRIVE #210
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	V
NAME	CIANFICHI, TONY
STREET ADDRESS	3930 CRYSTAL LAKE DR 105
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	PD
NAME	BLAKELY, RALPH
STREET ADDRESS	3930 CRYSTAL LAKE DR 107
CITY-ST-ZIP	POMPANO BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John Delgado
1.3 STREET ADDRESS	1199 SW 7th St.
1.4 CITY-ST-ZIP	Boca Raton, FL 33486
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Duane Bagely
2.3 STREET ADDRESS	3930 Crystal Lake Dr. #215
2.4 CITY-ST-ZIP	Pompano Beach, FL 33064
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tony Cianfichi
3.3 STREET ADDRESS	3930 Crystal Lake Dr. #105
3.4 CITY-ST-ZIP	Pompano Beach, FL 33064
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dean Adams
4.3 STREET ADDRESS	3930 Crystal Lake Dr. #
4.4 CITY-ST-ZIP	Pompano Beach, FL 33064
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PD
5.3 STREET ADDRESS	Rene Dubey
5.4 CITY-ST-ZIP	3930 Crystal Lake Dr. #11
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony S. Cianfichi 02-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR