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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 710217 (1)  
1. Corporation Name  
CRYSTAL LAKE 3930 ASSOCIATION INC. (A CONDOMINIUM ASSOCIATION)



Principal Place of Business: 3930 CRYSTAL LAKE DRIVE #107, POMPANO BEACH FL 33064, US  
Mailing Address: ~~7686 WILES RD~~  
~~CORAL SPRINGS FL 33067-2608~~

3. Date Incorporated or Qualified: 01/18/1966  
3a. Date of Last Report: 10/10/1996  
4. FEI Number: 59-1534011  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.:  
22 City & State: 23 Fort Lauderdale, FL  
24 Zip: 25 33306  
26 2a. Mailing Address: 26 c/o BUCK, 2900 E. OAKLAND PARK BLVD # 103  
27 Suite, Apt. #, etc.:  
28 City & State: 28 FORT LAUDERDALE, FL  
29 Zip: 29 33306  
30 Country: 30 USA

9. Name and Address of Current Registered Agent  
CONSOLIDATED MGT., INC.  
7686 WILES RD  
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent  
81 Name: DAVID E. BUCK  
82 Street Address (P.O. Box Number is Not Acceptable): 2900 E OAKLAND PARK BLVD  
83  
84 City: FORT LAUDERDALE FL  
85 Zip Code: 33306

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
SIGNATURE: *[Signature]* DAVID E. BUCK DATE: 1/3/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOOKSTEIN, IRVING	
STREET ADDRESS	3930 CRYSTAL LAKE DR., #205	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BAGELY, DUANE	
STREET ADDRESS	3930 CRYSTAL LAKE DR., #215	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>CIANFICHI, TONY</del>	
STREET ADDRESS	<del>3930 CRYSTAL LAKE DRIVE #105</del>	
CITY - ST - ZIP	<del>POMPANO BEACH FL</del>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DUBE, RENE A	
STREET ADDRESS	3930 CRYSTAL LAKE DR., #118	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BAGELY, LIL	
STREET ADDRESS	3930 CRYSTAL LAKE DR., #201	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CONNOR, FRANCES	
STREET ADDRESS	3930 CRYSTAL LAKE DRIVE # 101	
CITY - ST - ZIP	POMPANO BEACH, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 as an attachment with an address.

SIGNATURE: *[Signature]* RENE DUBE  
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1/5/97 DAYTIME PHONE # 954 561 3303

CR2E037 (9/96)