

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90037 009 \*\*\*\*61.25

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

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

|   |   |
|---|---|
| Principal Place of Business<br>3930 CRYSTAL LAKE DRIVE #107<br>POMPANO BEACH FL 33064<br>US | Mailing Address<br>C/O BUCK<br>2900 E. OAKLAND PARK BLVD. STE 103<br>FORT LAUDERDALE FL 33306<br>US |
|---|---|



|                                      |                           |   |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>01/18/1966   |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-1534011   |
| City & State<br>23                   | City & State<br>28        | Applied For<br>Not Applicable   |
| Zip<br>24                            | Country<br>25             | 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 |

|  |  |  |  |  |  |    |    |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent          |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| LEVINE, PAUL<br>681 HOLLOW CIR<br>DEERFIELD BCH FL 33942 |  |  |  | 81   | Name   |    |    |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|  |  |  |  | 83   |  |    |    |
|  |  |  |  | 84   | City   | FL | 85 |

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] DATE: 3-18-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |           |  |  |
|----------------------------|---|---|-----------|--|--|
| TITLE                      | D<br>BOOKSTEIN, IRVING<br>3930 CRYSTAL LAKE DR #205<br>POMPANO BEACH FL 33064 | <input checked="" type="checkbox"/> DELETE            | 1.1 TITLE | TD<br>CIANFICHI, ANTHONY<br>3930 CRYSTAL LAKE DR. 105<br>POMPANO BEACH, FL. 33064  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE                      | PD<br>PITTMAN, WAYNE R<br>3930 CRYSTAL LAKE DR #110<br>POMPANO BEACH FL 33064 | <input type="checkbox"/> DELETE                       | 2.1 TITLE | PD<br>PITTMAN, WAYNE R.<br>3930 CRYSTAL LAKE DR. 110<br>POMPANO BEACH, FL. 33064   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | SD<br>FISHER, RALPH<br>3930 CRYSTAL LAKE DR #104<br>POMPANO BEACH FL 33064    | <input type="checkbox"/> DELETE                       | 3.1 TITLE | SD<br>FISHER, RALPH<br>3930 CRYSTAL LAKE DR. 104<br>POMPANO BEACH, FL. 33064       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | TD<br>MILNE, MARY<br>3930 CRYSTAL LAKE DR #203<br>POMPANO BEACH FL 33064      | <input checked="" type="checkbox"/> DELETE            | 4.1 TITLE | D<br>ADAMS, DEAN<br>3930 CRYSTAL LAKE DR 309<br>POMPANO BEACH, FL 33064            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE                      | D<br>MILLS, ROBERT<br>3930 CRYSTAL LAKE DR #202<br>POMPANO BEACH FL 33064     | <input type="checkbox"/> DELETE                       | 5.1 TITLE | D<br>MILLS, ROBERT<br>3930 CRYSTAL LAKE DR. 202<br>POMPANO BEACH, FL. 33064        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      |   | <input type="checkbox"/> DELETE                       | 6.1 TITLE | D<br>SCHWAMBERGER, JUSTIN<br>3930 CRYSTAL LAKE DR. 205<br>POMPANO BEACH, FL. 33064 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 3/27/99 DAYTIME PHONE #: 954 949 5563  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)