

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90003 005 ****61.25

DOCUMENT # 710217

1. Entity Name

CRYSTAL LAKE 3930 ASSOCIATION INC. (A CONDOMINIUM)

Principal Place of Business

Mailing Address

3930 CRYSTAL LAKE DRIVE #107
 POMPANO BEACH FL 33064
 US

C/O BUCK
 2900 E. OAKLAND PARK BLVD. STE 103
 FORT LAUDERDALE FL 33306-1804
 US

00036096



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2085 University Dr

City & State

City & State

Coral Springs, FL

4. FEI Number

59-1534011

Applied For

Not Applicable

Zip

Country

Zip

Country

33071

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE, PAUL
 661 HOLLOW CIR
 DEERFIELD BCH FL 33942

Name SE Southeast Condominium Management
 Street Address (P.O. Box Number is Not Acceptable) 2085 University Dr
 City Coral Springs **FL** Zip Code 33071

8. 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

Sq Chremenge

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	CIANFICHI, ANTHONY	
STREET ADDRESS	3930 CRYSTAL LAKE DRIVE #105	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PITTMAN, WAYNE R	
STREET ADDRESS	3930 CRYSTAL LAKE DR #110	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FISHER, RALPH	
STREET ADDRESS	3930 CRYSTAL LAKE DR #104	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, DEAN	
STREET ADDRESS	3930 CRYSTAL LAKE DRIVE #309	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLS, ROBERT	
STREET ADDRESS	3930 CRYSTAL LAKE DR #202	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWAMBERGER, JUSTIN	
STREET ADDRESS	3930 CRYSTAL LAKE DRIVE #205	
CITY-ST-ZIP	POMPANO BEACH FL 33064	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED DEAN ADAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)