


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90060 013 \*\*\*\*61.25

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # 710217</b>  |  |  |   |         |  |
| 1. Entity Name<br>CRYSTAL LAKE 3930 ASSOCIATION INC. (A CONDOMINIUM ASSOCIATION)  |  |  |   |  |  |
| Principal Place of Business<br>2855 NORTH UNIVERSITY DRIVE<br>SUITE 310<br>CORAL SPRINGS, FL 33065 US   |  | Mailing Address<br>2855 NORTH UNIVERSITY DRIVE<br>SUITE 310<br>CORAL SPRINGS, FL 33065 US                    |   | 00004067   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |   | 01052006 Chg-NP CR2E037 (11/05)  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   | 4. FEI Number<br>59-1534011 Applied For<br>Not Applicable                                |  |
| City & State  |  | City & State   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| Zip   | Country  | Zip  | Country   |  |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent   |  |  |
| SOUTHEAST CONDOMINIUM MGMT<br>2855 NORTH UNIVERSITY DRIVE<br>SUITE 310<br>CORAL SPRINGS, FL 33065   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code  |  |  |
| 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. I am familiar with, and accept the obligations of registered agent.   |  |  |   |  |  |
| SIGNATURE <i>Mary Milne, Secretary/Treasurer</i>  |  | DATE <i>2-1-06</i>   |   |  |  |
| Filing Fee is \$61.25 Due by May 1, 2006  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   | Make check payable to Florida Department of State  |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>CIANFICHI, ANTHONY<br>3930 CRYSTAL LAKE DRIVE #105<br>POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>menken, Edward<br>3930 Crystal Lake Dr. #103<br>Pompano Beach, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>PITTMAN, WAYNE R<br>3930 CRYSTAL LAKE DR #110<br>POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Milne, Mary<br>3930 Crystal Lake Dr #203<br>Pompano Beach, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>FISHER, RALPH<br>3930 CRYSTAL LAKE DR #104<br>POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>ADAMS, DEAN<br>3930 CRYSTAL LAKE DRIVE #309<br>POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SCHWAMBERGER, JUSTIN<br>3930 CRYSTAL LAKE DRIVE #205<br>POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MILLS, ROBERT<br>3930 CRYSTAL LAKE DR.<br>POMPANO BCH., FL <input checked="" type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 lists empowered. |  |  |   |  |  |
| SIGNATURE: <i>Mary Milne</i>  |  | DATE: <i>3-7-06</i>  |   | DAYTIME PHONE: <i>954-462-1077</i>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><i>Mary Milne</i>   |  |  |   |  |  |



ATTACHMENT  
66004927

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2006

CRYSTAL LAKE 3930 ASSOCIATION INC. (A CONDOMINIUM ASSOC  
2855 NORTH UNIVERSITY DRIVE  
SUITE 310  
CORAL SPRINGS, FL 33065 US

Subject: **CRYSTAL LAKE 3930 ASSOCIATION INC. (A CONDOMINIUM**

Reference Number: **710217**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE  
ANNUAL REPORTS SECTION