

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90040 007 ****61.25



DOCUMENT # 712063	
1. Entity Name CRYSTAL COURT NO. 4 CONDOMINIUM, INC.	
Principal Place of Business 2621 & 2623 GRANT STREET HOLLYWOOD FL 33020	Mailing Address 2621 GRANT ST #12-B HOLLYWOOD FL 33020
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2397748	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GROSSINGER, YVES 2621 GRANT ST. APT. 12B HOLLYWOOD FL 33020	Name Street Address (P.O. Box Number is Not Acceptable) 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 *Robert Hauptert* **ROBERT HAUPTERT** Director *April 4th, 2005*
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 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME THIROBEAU, RAYMONDE STREET ADDRESS 2621 GRANT ST #12B CITY-ST-ZIP HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Delete	S/T NAME Prooms, Keniesha STREET ADDRESS 2621 Grant St # 1A CITY-ST-ZIP Hollywood FL, 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME GROSSINGER, YVES STREET ADDRESS 2621 GRANT ST #12B CITY-ST-ZIP HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME CANNIS, JERRY STREET ADDRESS 2623 GRANT ST #4A CITY-ST-ZIP HOLLYWOOD FL 33020	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME HAVAERT, ROBERT STREET ADDRESS 2623 GRANT ST #6-B CITY-ST-ZIP HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Delete	D NAME Hauptert, Robert STREET ADDRESS 2623 Grant St # 6B CITY-ST-ZIP Hollywood FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME CANNIS, ANTHONY STREET ADDRESS 2623 GRANT ST #3A CITY-ST-ZIP HOLLYWOOD FL 33020	<input type="checkbox"/> Delete	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME GONZALEZ, CARLOS STREET ADDRESS 2623 GRANT ST #5-A CITY-ST-ZIP HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Robert Hauptert* **ROBERT HAUPTERT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #