

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996-1496

B3 1118 C

DOCUMENT # **712976** (0)
1. Corporation Name
CRYSTAL COURT MANOR NO. 7 CONDOMINIUM, INC.



Principal Place of Business: 1350 N 12TH COURT BLDG 7 HOLLYWOOD FL 33019
Mailing Address: 1350 N 12TH COURT BLDG 7 HOLLYWOOD FL 33019

3. Date Incorporated or Qualified: **06/22/1967**
3a. Date of Last Report: **03/20/1995**
4. FEI Number: **59-2756548**
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 (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country (25)
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country (29)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARTHUR, EDITH
1350 NO 12 CT
STE 5A
HOLLYWOOD FL 33019

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PELEGRINI	
STREET ADDRESS	1354 N. 12TH COURT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLASIO, JOSEPH D.	
STREET ADDRESS	1354 N. 12TH COURT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ARTHUR, EDITH	
STREET ADDRESS	1350 N. 12TH CT.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARR, VITA	
STREET ADDRESS	1354 N 12TH CT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PELEGRINI, CARMELLA	
STREET ADDRESS	1354 N 12TH CT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEL BROCCO, LUCY	
STREET ADDRESS	1354 N. 12TH COURT	
CITY-ST-ZIP	HOLLYWOOD FL	

11 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	WOODS, DAVID	
13 STREET ADDRESS	1354 N. 12TH CT	
14 CITY-ST-ZIP	HOLLYWOOD, FL 33019	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ARTHUR, EDITH	
33 STREET ADDRESS	1350 N. 12TH CT.	
34 CITY-ST-ZIP	HOLLYWOOD, FL 33019	
41 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	BELLEAU, LORRAINE	
43 STREET ADDRESS	1350 N. 12TH CT	
44 CITY-ST-ZIP	HOLLYWOOD FL 33019	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	GARBUZZO, JOSEPH	
63 STREET ADDRESS	1354 N. 12TH CT	
64 CITY-ST-ZIP	HOLLYWOOD FL 33019	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Edith Arthur* Edith Arthur Dec 8, 1996 954-927-5469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)