

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713958

1. Entity Name

CRYSTAL HOUSE CONDOMINIUM, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90014 032 ****61.25

Principal Place of Business 4200 CRYSTAL LK DR POMPANO BCH FL 33064-1239	Mailing Address 4200 CRYSTAL LK DR POMPANO BCH FL 33064-1291
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number 59-1674348	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MOORE, IDA
 4200 CRYSTAL LAKE DRIVE
 #115
 POMPANO BCH FL 33064

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	DP	<input type="checkbox"/> Delete
NAME	LLEWELLYN, DOLORES	
STREET ADDRESS	4200 CRYSTAL LAKE DR	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SWARBRICK, MARIE	
STREET ADDRESS	4200 CRYSTAL LAKE DR	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MARRERO, ADA	
STREET ADDRESS	4200 CRYSTAL LAKE DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MOORE, IDA	
STREET ADDRESS	4200 CRYSTAL LAKE DR	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDLEY, LOUISE	
STREET ADDRESS	4200 CRYSTAL LAKE DR	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, HELEN	
STREET ADDRESS	4200 CRYSTAL LAKE DR	
CITY-ST-ZIP	POMPANO BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEADOWS, LA VERN	
STREET ADDRESS	4200 CRYSTAL LAKE DR	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASIELLO, BARBARA	
STREET ADDRESS	4200 CRYSTAL LAKE DR	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	

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: S. Sandley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00 954-946-6196
 Date Daytime Phone #

CR2E037 (9/99)