


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90028 025 ****61.25

DOCUMENT # 713958		
1. Entity Name CRYSTAL HOUSE CONDOMINIUM, INC.		
Principal Place of Business 4200 CRYSTAL LK DR POMPANO BCH FL 33064-1239		Mailing Address 4200 CRYSTAL LK DR POMPANO BCH FL 33064-1239



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 59-1674348		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	KATZMAN & KORR, P.A. 1500 NORTHWEST 49TH STREET, SUITE 202 FORT LAUDERDALE FL 33309			
				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 _____ 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 Due By May 1, 2007	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			
TITLE	PS	<input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RUDNICK, VIRGINIA			NAME	LINDA Brown		
STREET ADDRESS	4200 CRYSTAL LAKE DR			STREET ADDRESS	4200 Crystal Lk Dr #112		
CITY-ST-ZIP	POMPANO BEACH FL			CITY-ST-ZIP	Pompano Bch Fl 33064		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARPER, MARGARET			NAME	Aaron Perr		
STREET ADDRESS	4200 CRYSTAL LAKE DR			STREET ADDRESS	4200 Crystal Lk Dr #312		
CITY-ST-ZIP	POMPANO BEACH FL 33064			CITY-ST-ZIP	Pompano Bch Fl 33064		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REUSS, VICTORIA A			NAME			
STREET ADDRESS	4200 CRYSTAL LAKE DR			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33064			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEMAIRE, PIERRE			NAME			
STREET ADDRESS	4200 CRYSTAL LAKE DR			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33064			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALBERTSON, HOWARD			NAME			
STREET ADDRESS	4200 CRYSTAL LAKE DR			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33064			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE:  H.P. Albertson Jr Date: 3/17/07 Daytime Phone #: 954 545 9208