2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713958

FILED Apr 23, 2009 Secretary of State

Entity Name: CRYSTAL HOUSE CONDOMINIUM, INC.

Current Principal Place of Business: New Principal Place of Business: 4200 CRYSTAL LK DR POMPANO BCH, FL 330641239 **Current Mailing Address: New Mailing Address:** 4200 CRYSTAL LK DR POMPANO BCH, FL 330641239 FEI Number: 59-1674348 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KATZMAN GARFINKEL, P.A. 1501 N.W. 49TH ST. SUITE 202 FT. LAUDERDALE, FL 33309 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BROWN, LINDA Name: Name: 4200 CRYSTAL LAKE DR. #12 Address: Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: PERR, AARON Name: BROWN, LINDA Address: 4200 CRYSTAL DR. #312 Address: 4200 CRYSTAL DR. #312 City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: POMPANO BEACH, FL 33064 Title: () Delete Title: () Change () Addition O'DONNELL, BARBARA Name: Name: Address: 4200 CRYSTAL LAKE DR. #215 Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: Title: () Delete Title: () Change () Addition COOPER, PEGGY Name: Name: 4200 CRYSTAL LAKE DR. #207 Address: Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: Title: () Delete Title: () Change () Addition ALBERTSON, HOWARD Name: Name: 4200 CRYSTAL LAKE DR Address: Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: Title: () Delete Title: () Change (X) Addition REUSS, VICTORIA Name: Name: Address: Address: 4200 CRYSTAL LAKE DR POMPANO BCH, FL 33064 City-St-Zip: City-St-Zip: I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA BROWN P 04/23/2009