


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

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| DOCUMENT # 715078 1. Entity Name CRYSTAL COURT MANOR NO. 9 CONDOMINIUM, INC. |  |
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| Principal Place of Business 1401 N 12 CT., APT. 12B HOLLYWOOD, FL 33019 | Mailing Address 1401 N 12 CT., APT. 12B HOLLYWOOD, FL 33019 |
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DO NOT WRITE IN THIS SPACE



02062004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-1975269 | Applied For Not Applicable |
| 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 HARDING, DONNA 1401 N 12 CT., APT. 12B HOLLYWOOD, FL 33019 | DO NOT WRITE IN THIS SPACE |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small> | DATE _____ |
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| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000054442 02/16/04-80171-018 61.25 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WOODBURN, DALE 1401 N 12 CT., APT. 11B HOLLYWOOD, FL 33019 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CATALDI, CHARLES 1401 N 12 CT., APT. 6B HOLLYWOOD, FL 33019 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S POSTIGLIONE, LUCILLE 59 FIRST AVENUE E ROCKAWAY, NY 11518 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HARDING, DONNA 1401 N 12 CT., APT. 12B HOLLYWOOD, FL 33019 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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.

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| SIGNATURE: <u>Donna J Harding Donna J Harding</u> <u>2/16/04</u> <u>954-929-7916</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |
|--|---------------------|--------------------------------|