2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 715078

1. Entity Name
CRYSTAL COURT MANOR NO. 9 CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
1401 N 12 CT., APT. 12B HOLLYWOOD, FL 33019	1401 N 12 CT., APT. 12B HOLLYWOOD, FL 33019

DO NOT WRITE IN THIS SPACE

02142006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1975269

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARDING, DONNA
1401 N 12 CT., APT. 12B
HOLLYWOOD, FL 33019

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7. 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)

Filing Fee is $61.25
Due by May 1, 2006

8. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WOODBURN, DALE
STREET ADDRESS	1401 N 12 CT., APT. 11B
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	V
NAME	CATALDI, CHARLES
STREET ADDRESS	1401 N 12 CT., APT. 6B
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	S
NAME	POSTIGLIONE, LUCILLE
STREET ADDRESS	59 FIRST AVENUE
CITY-ST-ZIP	E ROCKAWAY, NY 11518
TITLE	T
NAME	HARDING, DONNA
STREET ADDRESS	1401 N 12 CT., APT. 12B
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/06-80080-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Donna T. Harding 2-15-06 954-929-7916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #