

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 716811 (5)**  
1. Corporation Name  
**CRYSTAL COURT MANOR NO. 11 CONDOMINIUM, INC.**



Principal Place of Business <b>CRYSTAL COURT MANOR NO. 11 CONDOMINIUM, INC. - APT 11B HOLLYWOOD FL 33019 US</b>	Mailing Address <b>1451-1455 NO. 12TH CT APT 11B HOLLYWOOD FL 33019</b>
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3. Date Incorporated or Qualified <b>06/30/1969</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-1446315</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**DINUCCI, TERESA  
1451 NO. 12TH CT. - APT. 11B  
HOLLYWOOD FL 33019**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>DINUCCI, TERESA</b>
STREET ADDRESS	<b>1451 N 12TH CT</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
TITLE	V <input type="checkbox"/> DELETE
NAME	<b>BROOKS, ARTHUR</b>
STREET ADDRESS	<b>1455 N 12TH CT., #7B</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>INGLESINA, PELLERIN</b>
STREET ADDRESS	<b>1455 N 12TH CT</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
TITLE	T <input type="checkbox"/> DELETE
NAME	<b>ZIMBERG, DOROTHY W</b>
STREET ADDRESS	<b>1455 NO. 12TH CT. APT. 1B</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>DE FLORA, JOE</b>
STREET ADDRESS	<b>1451 N 12TH CT</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
TITLE	S <input type="checkbox"/> DELETE
NAME	<b>LUKE, BARBARA</b>
STREET ADDRESS	<b>1455 N 12TH CT</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D. SAVELLA, HELEN, S.</b>
1.3 STREET ADDRESS	<b>1451 No. 12th Ct. 12A</b>
1.4 CITY-ST-ZIP	<b>HOLLYWOOD, FL. 33019</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D. BERKSZA, JOHN</b>
2.3 STREET ADDRESS	<b>1455 No. 12th Ct. 4B</b>
2.4 CITY-ST-ZIP	<b>HOLLYWOOD, FLA. 33019</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **April 11 1997** OFFICER ID **0011-077-2020**

CF2E037 (9/96)