

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90033 044 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 716811**

Corporation Name  
**CRYSTAL COURT MANOR NO. 11 CONDOMINIUM, INC.**

Principal Place of Business Mailing Address  
 CRYSTAL COURT MANOR NO. 11 CONDOMINIUM, INC. - APT 11B HOLLYWOOD FL 33019 US  
 1451-1455 NO. 12TH CT APT 11B HOLLYWOOD FL 33019



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/30/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
8B		8B		59-1446315	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DINUCCI, TERESA 1451 NO. 12TH CT. - APT. 11B HOLLYWOOD FL 33019				81 Name	JOSEPH OMBRELLO		
				82 Street Address (P.O. Box Number is Not Acceptable)	1451 N 12TH CT 8B		
				83			
				84 City	FL	85 Zip Code	33019

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: Joseph M. Ombrello DATE: 3-12-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT / DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	DINUCCI, TERESA		1.2 NAME	OMBRELLO, JOSEPH			
STREET ADDRESS	1451 N 12TH CT		1.3 STREET ADDRESS	1451 N 12TH CT			
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	HOLLYWOOD FL - 33019	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE				
NAME	BROOKS, ARTHUR		2.2 NAME				
STREET ADDRESS	1455 N 12TH CT., #7B		2.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BERKSZA, JOHN		3.2 NAME	SAVELLA, HELEN.			
STREET ADDRESS	1455 NO. 12TH COURT		3.3 STREET ADDRESS	1451 NO. 12TH CT. 12A			
CITY-ST-ZIP	HOLLYWOOD FL 33019		3.4 CITY-ST-ZIP	HOLLYWOOD FL - FLORIDA - 33019	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE				
NAME	ZIMBERG, DOROTHY W		4.2 NAME				
STREET ADDRESS	1455 NO. 12TH CT. APT. 1B		4.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	DE FLORA, JOE		5.2 NAME	PREVETTE, MICHELE			
STREET ADDRESS	1451 N 12TH CT		5.3 STREET ADDRESS	500 NE 14TH AVENUE			
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP	HALL ANDALE, FLORIDA 33009	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE				
NAME	LUKE, BARBARA		6.2 NAME				
STREET ADDRESS	1455 N 12TH CT		6.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		6.4 CITY-ST-ZIP				

14. 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 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, with all other like empowered.

SIGNATURE: Joseph M. Ombrello DATE: 3-12-99 954-927-3123  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)