


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90019 050 ****61.25

DOCUMENT # N00000002017
1. Entity Name
CRISTELLE BEACH TOWNHOMES ASSOCIATION, INC.



Principal Place of Business Mailing Address
1717 S. OCEAN BLVD. 1717 S. OCEAN BLVD.
LAUDERDALE BY THE SEA FL 33062 LAUDERDALE BY THE SEA FL 33062
LAUDERDALE LAUDERDALE



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1022274** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHUYLER, PHIL
1717 S. OCEAN BLVD.
~~34~~
~~POMPANO BEACH FL 33062~~
LAUDERDALE BY THE SEA, FL 33062

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHUYLER, PHIL	
STREET ADDRESS	1717 S. OCEAN BLVD. #11	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33062	
TITLE	VPO	<input checked="" type="checkbox"/> Delete
NAME	HURTH, ROBERT	
STREET ADDRESS	1717 S. OCEAN BLVD. #2	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33062	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	DIBERT, TERRY	
STREET ADDRESS	1717 S OCEAN BLVD 1	
CITY-ST-ZIP	LAUDERDALE FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Phil Schuyler* **PHIL SCHUYLER** **1-22-04** **954-788-3450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #