

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002017

FILED  
Mar 15, 2012  
Secretary of State

**Entity Name:** CRISTELLE BEACH TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

1717 S. OCEAN BLVD.  
LAUDERDALE BY THE SEA, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JSB PROPERTY MANAGEMENT, INC  
PO BOX 50373  
LIGHTHOUSE POINT, FL 33074

**New Mailing Address:**

**FEI Number:** 65-1022274      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAX, SPENCER M ESQ.  
SACHS SAX KLEIN  
301 YAMATO ROAD - SUITE 4150  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHRECKER, PAMELA S  
Address: PO BOX 50373  
City-St-Zip: LIGHTHOUSE POINT, FL 33074

Title: S/T  
Name: TISCHLER, SUSAN  
Address: PO BOX 50373  
City-St-Zip: LIGHTHOUSE POINT, FL 33074

Title: VP  
Name: DIBERT, TERRY  
Address: PO BOX 50373  
City-St-Zip: LIGHTHOUSE POINT, FL 33074

Title: D  
Name: HENESS, SUSAN  
Address: PO BOX 50373  
City-St-Zip: LIGHTHOUSE POINT, FL 33074

Title: D  
Name: LONGO, FRANK  
Address: PO BOX 50373  
City-St-Zip: LIGHTHOUSE POINT, FL 33074

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMIE BLUM

PM

03/15/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date