


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000000475
 1. Entity Name
CROWN LAKES BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1526 NW 89TH CT. MIAMI, FL 33172	Mailing Address 1526 NW 89TH CT. MIAMI, FL 33172
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01222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3008310	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, CARLOS
1526 NW 89TH CT.
MIAMI, FL 33172

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, CARLOS 1526 NW 89TH CT. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUDD, HAISTEIN 1520 NW 89TH CT. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRANDE, CARLOS 1568 NW 89TH CT. MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/29/05-80059-021 70.00

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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:  **Carlos Diaz** **1/21/05** **305.599.2888**

Signature and typed or printed name of signing officer or director Date Daytime Phone #