


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N08288
 1. Entity Name
CRYSTAL PALACE FM ASSOCIATION, INC.



Principal Place of Business: **11655 RANDOLPH SIDING RD. JUPITER, FL 33478-6158 US**
 Mailing Address: **11655 RANDOLPH SIDING RD. JUPITER, FL 33478-6158 US**

DO NOT WRITE IN THIS SPACE



03182006 No Chg-NP CR2E037 (11/05)

4. FEI Number: **59-2518877** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LUCAS, KATHLEEN S.
11655 RANDOLPH SIDING ROAD
JUPITER, FL 33478

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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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	LUCAS, HENRY
STREET ADDRESS	11655 RANDOLPH SIDING RD
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	STD
NAME	LUCAS, KATHLEEN
STREET ADDRESS	11655 RANDOLPH SIDING RD
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	VD
NAME	LUCAS, PHILLIP S
STREET ADDRESS	800 PALISADO AVE
CITY-ST-ZIP	WINDSOR, CT 060952072
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000515575
 04/29/06-80216-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kathleen S. Lucas **Kathleen S. Lucas** 561-746-1359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #