


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 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
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**DO NOT WRITE IN THIS SPACE**



02072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2518877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

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 03/09/07-80007-013 61.25

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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 *2/2/2007* 561-746-1359  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #