

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90151 001 \*\*\*\*21.58  
04-11-2007 90151 002 \*\*\*\*20.45  
04-11-2007 90151 003 \*\*\*\*19.22

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| <b>DOCUMENT # N95000004864</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                           |                                                                                                                                                         |
| 1. Entity Name<br><b>CRYSTAL POINTE AT CORAL LAKES CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      | Principal Place of Business<br><b>C.A.S. MGMT<br/>12751 EL CLAIRE RANCH RD<br/>BOYNTON BEACH, FL 33437</b>                                                                                                 |                                                                                                                                                         |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      | 3. Mailing Address<br><b>C.A.S. MGMT<br/>12751 EL CLAIRE RANCH RD.<br/>BOYNTON BEACH, FL 33437</b>                                                                                                         |                                                                                                                                                         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                      | Suite, Apt. #, etc.                                                                                                                                                                                        |                                                                                                                                                         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                      | City & State                                                                                                                                                                                               |                                                                                                                                                         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                                                              | Zip                                                                                                                                                                                                        | Country                                                                                                                                                 |
| 4. FEI Number<br><b>65-0644515</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                      | Applied For<br><input type="checkbox"/> 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<br><b>POLLOCK, ED<br/>12468 CRYSTAL POINTE DR APT 102<br/>BOYNTON BEACH, FL 33437</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                      | 7. Name and Address of New Registered Agent<br>Name <b>BOB ADLER</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>12480 CRYSTAL POINTE 201</b><br>City <b>BOYNTON BEACH</b> FL <b>33437</b> |                                                                                                                                                         |
| 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.<br>SIGNATURE <i>Robert Adler, President</i> DATE <b>4/4/2007</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                   |                                                                                                                                      |                                                                                                                                                                                                            |                                                                                                                                                         |
| Filing Fee is <b>\$61.25</b><br>Due by <b>May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                     |                                                                                                                                                         |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |                                                                                                                                                                                                            |                                                                                                                                                         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                      |                                                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EVP<br>POLLOCK, ED<br>12468 CRYSTAL POINTE DR., #102<br>BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                             | MORT PERRIN Dir.<br>12419 C.P. DR. # 102<br>BOYNTON BEACH, FL 33437 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D<br>ADLER, BOB<br>12480 CRYSTAL POINTE 201<br>BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                             | PRES<br>BOB ADLER<br>12480 C.P. 201<br>BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1VP<br>KINGSON, JOYCE<br>12610 CRYSTAL POINTE DR., UNIT D<br>BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                             | Dir<br>LEO KINGSON<br>12610 D C.P. DR.<br>BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Addition                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T<br>WOLOK, SANFORD<br>12462 CRYSTAL POINTE DR., #101<br>BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                             | 2nd VP<br>SANFORD WOLOK<br>12462 C.P. DR. # 101<br>BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S<br>BLATTEIS, LINDA<br>12586 CRYSTAL POINTE DR., UNIT C<br>BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                             | T<br>DON BALFOUR<br>12462 C.P. DR. 201<br>BOYNTON BEACH, FL 33437 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>1ST VP</del><br>GLUCK, NORMA<br>12658 B CRYSTAL POINTE DR<br>BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> CHANGE | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                             | Dir.<br>LEON SAMUELS<br>12462 C.P. DR. 201<br>BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Addition                                      |
| 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 lines empowered. |                                                                                                                                      |                                                                                                                                                                                                            |                                                                                                                                                         |
| SIGNATURE: <i>Robert Adler, President</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                      | Date <b>4/4/2007</b> Daytime Phone # <b>561/995 8387</b>                                                                                                                                                   |                                                                                                                                                         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                      |                                                                                                                                                                                                            |                                                                                                                                                         |