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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005357

1. Corporation Name
CRISTELLE CONDOMINIUM ASSOCIATION OF BROWARD COUNTY, INC.

Principal Place of Business 1700 SOUTH OCEAN BOULEVARD POMPANO BEACH FL 33062	Mailing Address 1700 SOUTH OCEAN BOULEVARD POMPANO BEACH FL 33062
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/13/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent

FLANIGAN, JOHN F ESQ.
625 NORTH FLAGLER DRIVE
9TH FLOOR, BARNETT CENTRE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
Steven A. Weinberg - Frank, Effman, Weinberg &

82 Street Address (P.O. Box Number is Not Acceptable)
Black, PA
8000 Peters Road - 2nd Floor

83

84 City
Plantation

85 Zip Code
FL 33324

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Steven A. Weinberg, Esq. DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GILMAN, DAVID D 1700 SOUTH OCEAN BOULEVARD POMPANO BEACH FL 33062	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD GILMAN, GAIL E 1700 SOUTH OCEAN BOULEVARD POMPANO BEACH FL 33062	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMAN, ROBYN S 1700 SOUTH OCEAN BOULEVARD POMPANO BEACH FL 33062	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Gurgold, Shirley 1700 South Ocean Blvd, # 14A Pompano Beach, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V & T Cohn, Alan 1700 South Ocean Blvd, # 15D Pompano Beach, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S Chaplin/Seism, Bonnie 1700 South Ocean Blvd, #4B Pompano Beach, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB CHAPLIN DATE: 1/27/99 TELEPHONE: 7833776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)