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FILED
Apr 18, 2000 8:00 am
Secretary of State

01-18-2000 90194 047 ****61.25

DOCUMENT # N95000005357

1. Entity Name
CRISTELLE CONDOMINIUM ASSOCIATION OF BROWARD COU

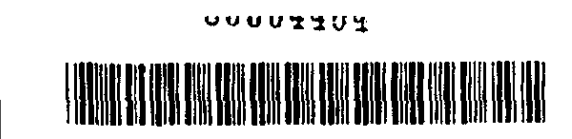
Principal Place of Business Mailing Address
1700 SOUTH OCEAN BOULEVARD **1700 SOUTH OCEAN BOULEVARD**
POMPANO BEACH FL 33062 **POMPANO BEACH FL 33062-7819**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FRANK, EFFMAN, WEINBERG, & BLACK, P.A.
8000 PETERS ROAD
2ND FLOOR
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

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

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GURGOLD, SHIRLEY	
STREET ADDRESS	1700 S. OCEAN BLVD., #14A	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	COHN, ALAN	
STREET ADDRESS	1700 S. OCEAN BLVD., #15D	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CHAPLIN-SCISM, BONNIE	
STREET ADDRESS	1700 S. OCEAN BLVD. #4B	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. BARRY ADLER	
STREET ADDRESS	1700 S. OCEAN Blvd #21 B	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	T
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY PAUL	
STREET ADDRESS	1700 S. OCEAN Blvd #20 C	
CITY-ST-ZIP	POMPANO BEACH FL 33062	T
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAN COHN	
STREET ADDRESS	1700 S. OCEAN Blvd #15-D	
CITY-ST-ZIP	POMPANO BEACH FL 33062	T
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS CHUMAN #	
STREET ADDRESS	1700 S. OCEAN Blvd 18-D	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	T
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID GILMAN	
STREET ADDRESS	1700 S. OCEAN Blvd #PH-D	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	D
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ALAN COHN 1/16/00 (954) 785-614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #