

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90120 042 ****61.25

DOCUMENT # N95000005357

1. Entity Name

CRISTELLE CONDOMINIUM ASSOCIATION OF BROWARD COUNTY, INC.



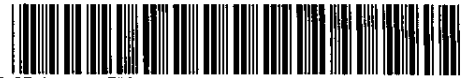
Principal Place of Business

Mailing Address

1700 SOUTH OCEAN BOULEVARD
 LAUDERDALE BY THE SEA FL 33062

1700 SOUTH OCEAN BOULEVARD
 LAUDERDALE BY THE SEA FL 33062

24045181



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MOORE CR2E037 (11/03)

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, JERRY
 1700 SOUTH OCEAN BLVD
 LAUDERDALE BY THE SEA FL 33062

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jerry Williams

JERRY WILLIAMS

4/9/04

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GURALD, CARL	
STREET ADDRESS	1700 S. OCEAN BLVD	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33062	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	COHN, ALAN	
STREET ADDRESS	1700 S. OCEAN BLVD., #15D	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33062	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PAUL, BARRY	
STREET ADDRESS	1700 S. OCEAN BLVD. #20C	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33062	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHUMAN, CARLOS	
STREET ADDRESS	1700 SOUTH OCEAN BLVD., #18D	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33062	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MALDONADO, CARLOS	
STREET ADDRESS	1700 S OCEAN BLVD, #9C	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROYER GLASS	
STREET ADDRESS	1700 S. OCEAN BLVD	
CITY-ST-ZIP	LAUDERDALE BY THE SEA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLYN MALDONADO	
STREET ADDRESS	1700 S. OCEAN BLVD	
CITY-ST-ZIP	LAUDERDALE BY THE SEA	
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:

Jerry Williams

JERRY WILLIAMS, AGENT 4/9/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #