


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000005357 1. Entity Name CRISTELLE CONDOMINIUM ASSOCIATION OF BROWARD COUNTY, INC.	
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Principal Place of Business 1700 SOUTH OCEAN BOULEVARD LAUDERDALE BY THE SEA, FL 33062	Mailing Address 1700 SOUTH OCEAN BOULEVARD LAUDERDALE BY THE SEA, FL 33062
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DO NOT WRITE IN THIS SPACE

FILED

05 FEB 21 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-25-05 90035 028 \$158.75



01072005 No Chg-NP CR2E037 (10/03) TR

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, JERRY MICHAEL MATTIACE 1700 SOUTH OCEAN BLVD LAUDERDALE BY THE SEA, FL 33062	DO NOT WRITE IN THIS SPACE
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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: *Carl Gurgold* (PRESIDENT) *Marilyn Maldonado* (MANAGER) 2/14/05

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	B P
NAME	GURGOLD, CARL
STREET ADDRESS	1700 S. OCEAN BLVD
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062
TITLE	D
NAME	GLASS, ROYCE
STREET ADDRESS	1700 S. OCEAN BLVD
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062
TITLE	B V P
NAME	PAUL, BARRY
STREET ADDRESS	1700 S. OCEAN BLVD.
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062
TITLE	T
NAME	CHUMAN, CARLOS
STREET ADDRESS	1700 SOUTH OCEAN BLVD.
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062
TITLE	B S
NAME	MALDONADO, MARILYN
STREET ADDRESS	1700 S. OCEAN BLVD
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: *Carl Gurgold*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #