

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90054 010 ****61.25

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01162006 Chg-NP CR2E037 (11/05)

DOCUMENT # N95000005357					
1. Entity Name CRISTELLE CONDOMINIUM ASSOCIATION OF BROWARD COUNTY, INC.					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MATTIACE, MICHAEL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GURGOLD, CARL		NAME		
STREET ADDRESS	1700 S. OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, ROGER		NAME	GLASS, ROGER	
STREET ADDRESS	1700 S. OCEAN BLVD		STREET ADDRESS	1700 S. OCEAN BLVD	
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062		CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAUL, BARRY		NAME		
STREET ADDRESS	1700 S. OCEAN BLVD. #20C		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUMAN, CARLOS		NAME	CHUMAN, CARLOS	
STREET ADDRESS	1700 SOUTH OCEAN BLVD., #18D		STREET ADDRESS	1700 S. OCEAN BLVD	
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062		CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALDONALD, MARILYN		NAME		
STREET ADDRESS	1700 S. OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 like empowered.					
SIGNATURE: <i>Carl Gurgold</i> (PRESIDENT)				Date _____ Daytime Phone # _____	