
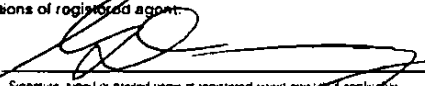



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90204 030 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEARING, GARY 1700 SOUTH OCEAN BLVD CONDO OFFICE LAUDERDALE BY THE SEA FL 33062			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		DATE 3/21/07			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 NAME STREET ADDRESS CITY-STATE-ZIP	P BRENNER, DONALD 1700 SOUTH OCEAN BOULEVARD LAUDERDALE BY THE SEA FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP Kellermeyer, Donald 1700 S. Ocean Blvd. Lauderdale By The Sea FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP ROBINSON, JOHN 1700 S. OCEAN BLVD LAUDERDALE BY THE SEA FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T GLASS, ROGER 1700 SOUTH OCEAN BOULEVARD LAUDERDALE BY THE SEA FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S BLOOM, GERALD 1700 SOUTH OCEAN BOULEVARD LAUDERDALE BY THE SEA FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GILMAN, DAVID 1700 SOUTH OCEAN BOULEVARD LAUDERDALE BY THE SEA FL 33062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		DATE: 03/22/07		PHONE: 954-785-6141	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				LAYERS PHONE #	