


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90120 047 ****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

40080420



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04082008 Chg-NP CR2E037 (12/06)

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 **Ronald Westrope**
 Street Address (P.O., Box Number is Not Acceptable)
1700 South Ocean Blvd. (Mngmt. Office)
Lauderdale By The Sea, FL 33062
 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 *Ronald Westrope*
 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, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	P BRENNER, DONALD 1700 SOUTH OCEAN BOULEVARD LAUDERDALE BY THE SEA, FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, JOHN 1700 S. OCEAN BLVD LAUDERDALE BY THE SEA, FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLASS, ROGER 1700 SOUTH OCEAN BOULEVARD LAUDERDALE BY THE SEA, FL 33062	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLOOM, GERALD 1700 SOUTH OCEAN BOULEVARD LAUDERDALE BY THE SEA, FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLERMAYER, DONALD 1700 S. OCEAN BLVD LAUDERDALE BY THE SEA, FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Donald Kellermeyer 1700 South Ocean Blvd Lauderdale By The Sea, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President David Cohen 1700 South Ocean Blvd Lauderdale By The Sea, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Gerald Bloom 1700 South Ocean Blvd. Lauderdale By The Sea, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Robinson 1700 South Ocean Blvd Lauderdale By The Sea, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Donald Brenner 1700 South Ocean Blvd. Lauderdale By The Sea, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-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 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: *Donald Kellermeyer* President 4-8-08 954-285-6141
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone