## FILE NOW: FILING FEE IS \$61.25

## NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # N97000000277 (0)

CRYSTAL KEY AT WILLDRIGHT PLACE HOMEOWNER'S ASSOCPATION ; INC

Principal Place of Business

Mailing Address

600 WEST Hillsbone OLUD SUITE 101 DEER FIELD BEACH FL 33+41

3. Date Incorporated or Qualified 4. FEI Number

**FILED** 

Apr 24 1998 8:00am

Secretary of State

<u> </u>	Applied For
	Not Applicabl

\$8.75 Additional Fee Required \$5.00 May Be Added to Fees

wners association? □ No

l			
[	2. Principal Place of Business 21	26 Mailing Address 26 Plantill Run Mont	5. Certificate of Status Desired
ŀ	Suite, Apt. #, etc.	Suite, Apt. 11, etc.  27 4/ NW QU ST Stc F2	Election Campaign Financing     Trust Fund Contribution
	City & State	City & State Portion 2	7. Is this nonprofit corporation a homeo
	Zip Country	23343) Lange Bear	8. This corporation owes or has paid the

9. Name and Address of Current Registered Agent

Bead		s corporation owes or sonal Property Tax d		current year	Intangible
7	10. Na	me and Address of	New Register	ed Agent	
Name					
Street Addre	ss (P.O.	Box Number is Not A	cceptable)		

TRAUTMAN Robert LOD WEST HILLSBERD BLUD STE 101 DEERFIELD BEACH FL 33441

82	Street Address (P.O. Box Number is Not Acceptable)
83	

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

84 City

agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE			Robert J. Traveman 3/25/98 e required when reinstating)  OATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS CHANGES TO OFFICERS AND DIFFECTOR'S 11.12		
TITLE	PD DELETE	1.1 TITLE	Change Addition		
NAME	TRAUTMAN ROBERT J 600 WEST HILLSBORD BLUB. STE 101	1,2 NAME			
STREET ADDRESS		1.3 STREET ADDRESS			
CITY-ST-ZIP	DEENFIELD BEACH FL 33441	1,4 CITY - ST-ZIP			
TITLE	U Š DELETĒ	2.1 TITLE	☐ Change ☐ Addition		
NAME	Kelley Timorhy GOO STELOI	2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP	DEERfield GENCK FL 33441	2. 4 CITY-ST-ZIP			
TITLE	S b DELETE	3.1 TITLE	Change Addition		
NAME	PLATT, ROUNCD L 600 WEST HILLS BORD BLUD STE 101	3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP	DEER field BEACH FL 3344/	3.4. CITY-ST-ZIP			
TITLE	TO DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME	Kelley Timothy BLUD STEIDS	4. 2 NAME	75 .		
STREET ADDRESS	600 WEST HIllsbear DLUB STEID	4.3 STREET ADDRESS	1.24		
CITY-ST-ZIP	DEEDFIELD BEACH FL. 33441	4.4 CITY-ST-ZIP	701		
TITLE	DELETE	5.1 TITLE	Change Addition		
NAME		5.2 NAME	LOD WEST HILLS BORD BLUB STE 101		
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DEEM SIE IN BEACK FL 33441		
TITLE	DELETE	6.1 TITLE	300025005 Change Addition		
NAME		6.2 NAME	-04/27/9801010027		
STREET ADDRESS		6.3 STREET ADDRESS	***7090		

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Robot T. Truthwin

1 - Loc County 124, 200.0.4

SIGNATURE: