

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90004 031 ****70.00

0043525

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000000277

1. Corporation Name

CRYSTAL KEY AT WOOLBRIGHT PLACE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

600 WEST HILLSBORO BLVD. STE 101
 DEERFIELD BEACH FL 33441

Mailing Address

GREENLITE PROPERTY MANAGEMENT
 141 NW 20 ST. STE. F2
 BOCA RARON FL 33431



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/13/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

APPLIED FOR 65-0878472

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

TRAUTMAN, ROBERT J
 600 WEST HILLSBORO BLVD. STE 101
 DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name **BACKER LAW Firm**
 82 Street Address (P.O. Box Number is Not Acceptable) **136 E BOCA RATON Rd**
 83
 84 City **Boca Raton** FL 85 Zip Code **33432**

11. 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 agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE KEITH F. BACKER DATE 5/5/99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAUTMAN, ROBERT J	1.2 NAME	John Marsha
STREET ADDRESS	600 WEST HILLSBORO BLVD. STE 101	1.3 STREET ADDRESS	146 Crystal Key West
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	1.4 CITY-ST-ZIP	Boynton Beach FL 33436
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATT, RONALD L	2.2 NAME	Michelle Capogrosso
STREET ADDRESS	600 WEST HILLSBORO BLVD. STE 101	2.3 STREET ADDRESS	114 Sunset Blvd
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	2.4 CITY-ST-ZIP	Boynton Beach FL 33436
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPUSTEIN, WALTER P	3.2 NAME	Eugene Ford
STREET ADDRESS	600 WEST HILLSBORO BLVD. STE. 101	3.3 STREET ADDRESS	157 Crystal Key Way
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	3.4 CITY-ST-ZIP	Boynton Beach FL 33436
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	DON Bernstein
STREET ADDRESS		4.3 STREET ADDRESS	148 Crystal Key Way
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boynton Beach FL 33436
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Barbara Whitaker
STREET ADDRESS		5.3 STREET ADDRESS	707 Key West St
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Boynton Beach FL 33436
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

232
 SIGNATURE: KEITH F. BACKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)