


# 2000 UNIFORM BUSINESS REPORT (UBR)

9/13/00-90048-022-\$61.25-\$61.25

<b>DOCUMENT # N97000000277</b>				<p style="font-size: 2em; font-weight: bold;">R</p> <p style="font-size: 1.5em; font-weight: bold;">FILED</p> <p style="font-size: 1.2em;">-00 OCT 12 AM 9:26</p> <p style="font-size: 1.2em; font-weight: bold;">SECRETARY OF STATE</p>  <p style="font-size: 0.8em;">DO NOT WRITE IN THIS SPACE</p> <p style="font-size: 1.2em; font-weight: bold;">65-0775-11</p> <p style="font-size: 1.2em; font-weight: bold;">APPLIED FOR</p> <p style="font-size: 0.8em;">Applied For <input type="checkbox"/> Not Applicable</p>	
1. Entity Name <b>CRYSTAL KEY AT WOOLBRIGHT PLACE HOMEOWNER'S ASSO</b>					
Principal Place of Business 114 SUNSET BLVD BOYNTON BEACH 33 33426		Mailing Address 114 SUNSET BLVD BOYNTON BEACH 33 33426			
2. Principal Place of Business <b>160 CRYSTAL Key Way</b> Suite, Apt. #, etc. <b>Boynton Beach</b> City & State <b>Florida</b>		3. Mailing Address <b>160 CRYSTAL Key Way</b> Suite, Apt. #, etc. <b>Boynton Beach</b> City & State <b>Florida</b>			
Zip <b>33426</b>	Country <b>USA</b>	Zip <b>33426</b>	Country <b>USA</b>	4. FEI Number <b>APPLIED FOR</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LONERGAN, JOHN R ESQ</b> 200 SE 6TH ST STE 306 FT LAUDERDALE FL 33301			7. Name and Address of New Registered Agent  <b>Randall Roger</b> Street Address (P.O. Box Number is Not Acceptable) <b>Gate DW 6th Way</b> <b>Suite 103</b> City <b>St. Lauderdale</b> FL Zip Code <b>33309</b>		
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.					
SIGNATURE <b>Randall K. Roger Esquire</b>		NOTE: Registered Agent signature required when reinstating)		DATE <b>8-1-00</b>	
FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<input type="checkbox"/> \$5.00 May Be Added to Fees <b>Make Check Payable to Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARESHA, JOHN</b> 148 CRYSTAL KEY W BOYNTON BCH FL 33426	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Michelle Capogrosso</b> 114 SUNSET Blvd BOYNTON Beach FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CAPOGROSSO, MICHELLE</b> 114 SUNSET BLVD BOYNTON BCH FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. Kevon Fearon</b> 144 Bullet Key Boynton Beach, FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD FORD, EUGENE</b> 157 CRYSTAL KEY WAY BOYNTON BCH FL 33426	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECY. D'Ann Sanker</b> 104 Sunset Blvd Boynton Beach, FL 33426	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRES. Paulette Ankerney</b> 106 Sunset Blvd Boynton Beach, FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OFFICER: David Hlickman</b> 145 Crystal Key Way Boynton Beach, FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(f), 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: <b>Michelle Capogrosso</b>		Date: <b>7/6/00</b>		Daytime Phone #: <b>561-736-5382</b>	
<p style="font-size: 0.8em;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p> <p style="font-size: 0.8em;">Date</p> <p style="font-size: 0.8em;">Daytime Phone #</p>					

CR2E037 (5/00)

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