

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

02-13-2002 90232 014 ****61.25

DOCUMENT # N97000000277

1. Entity Name

**CRYSTAL KEY AT WOOLBRIGHT PLACE HOMEOWNER'S ASSO
 CIATION, INC.**

Principal Place of Business

Mailing Address

100 CRYSTAL KEY WAY
 BOYNTON BEACH 33 33426

180 CRYSTAL KEY WAY
 BOYNTON BEACH 33 33426

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0775611

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RANDALL, ROGER
 6261 NW 6TH WAY
 SUITE 103
 FT LAUDERDALE FL 33309**

Name

Pointe Mgmt Group

Street Address (P.O. Box Numbers Not Acceptable)

75 N.E. 6th Ave #206

Eric Estebaner

City

Delray Bch.

FL

Zip Code

33483

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

Signature, typed or printed name of registered agent or agent applicants.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAPOGROSSO, MICHELLE	
STREET ADDRESS	148 CRYSTAL KEY WY	
CITY-ST-ZIP	BOYNTON BCH FL 33426	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GALDOS, ABNER	
STREET ADDRESS	174 HEMMING WY	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SPOFFORD, DAVID	
STREET ADDRESS	159 CRYSTAL KEY WAY	
CITY-ST-ZIP	BOYNTON BCH FL 33426	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SANKER, D'ANN	
STREET ADDRESS	104 SUNSET BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ANKENEY, PAULETTE	
STREET ADDRESS	106 SUNSET BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	OD	<input checked="" type="checkbox"/> Delete
NAME	GLICKMAN, DAVID	
STREET ADDRESS	145 CRYSTAL KEY WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL GUAN	
STREET ADDRESS	154 Crystal Key Way	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES NELSON	
STREET ADDRESS	141 Buffet Key	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilfredo De Jesus	
STREET ADDRESS	173 Hemming Way	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 empowers.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** President

1/23/02

561-740-4999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)