

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90015 031 \*\*\*\*61.25

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DOCUMENT # N9700000277			
1. Entity Name CRYSTAL KEY AT WOOLBRIGHT PLACE HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 160 CRYSTAL KEY WAY BOYNTON BEACH, 33 33426		Mailing Address 160 CRYSTAL KEY WAY BOYNTON BEACH, 33 33426	
2. Principal Place of Business Pointe Management Group Suite, Apt. #, etc. 75 NE 10th AVE Suite 206 City & State Delray Beach, FL Zip 33483 Country USA		3. Mailing Address Pointe Management Group Suite, Apt. #, etc. 75 NE 10th AVE Suite 206 City & State Delray Beach FL Zip 33483 Country USA	
4. FEI Number 65-0775611		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESTEBANER, ERIC POINTE MGMT GROUP 75 NE 6TH AVE #206 LAKE WORTH, FL 33463		7. Name and Address of New Registered Agent Name: Estebanez, ERIC Street Address (P.O. Box Number is Not Acceptable) Pointe Management Group 75 NE 10th AVE Suite 206 City Delray Beach 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUAN, MICHAEL 154 CRYSTAL KEY WAY BOYNTON BCH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUAN, MICHAEL 154 CRYSTAL KEY WAY BOYNTON BCH, FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALDOS, ABNER 174 HEMMING WY BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITAKER, BARBARA 707 KEY WEST ST BOYNTON BCH, FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NELSON, CHARLES 141-BUFFET KEY BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VP FORD, EUGENE 151 CRYSTAL KEY WAY BOYNTON BCH, FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DE JESUS, WILFREDO 173 HEMMING WAY BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FELICIANO, WILFREDO 179 HEMMING WAY BOYNTON BCH, 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
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)(l), 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:		Date: 1-17-04 Daytime Phone #: 369-4246	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	