
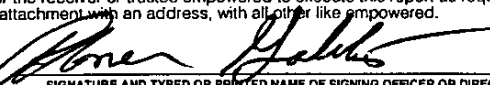


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90032 038 ****61.25

DOCUMENT # N97000000277					
1. Entity Name CRYSTAL KEY AT WOOLBRIGHT PLACE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business POINTE MANAGEMENT GROUP 75 NE 6TH AVE., SUITE 206 DELRAY BEACH, FL 33483			Mailing Address POINTE MANAGEMENT GROUP 75 NE 6TH AVE., SUITE 206 DELRAY BEACH, FL 33483		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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			7. Name and Address of New Registered Agent		
ESTEBANER, ERIC POINTE MANAGEMENT GROUP 75 NE 6TH AVE., SUITE 206 DELRAY BEACH, FL 33483			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUAN, MICHAEL		NAME		
STREET ADDRESS	154 CRYSTAL KEY WAY		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITAKER, BARBARA		NAME	LINDWAY, JAN	
STREET ADDRESS	707 KEY WEST ST		STREET ADDRESS	170 HEMMING WAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, CHARLES		NAME		
STREET ADDRESS	141 BUFFET KEY		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE JESUS, WILFREDO		NAME	FELICIANO, WILFRED	
STREET ADDRESS	173 HEMMING WAY		STREET ADDRESS	179 HEMMING WAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALDOS, ABNER		NAME		
STREET ADDRESS	174 HEMMING WY		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE, FORD		NAME		
STREET ADDRESS	157 CRYSTAL KEY WAY		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		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 empowered.					
SIGNATURE: 		Date: 1/10/05		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					