

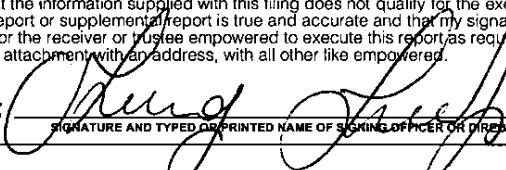


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90011 021 \*\*\*\*61.25

<b>DOCUMENT # N97000000277</b>					
<b>1. Entity Name</b> CRYSTAL KEY AT WOOLBRIGHT PLACE HOMEOWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> POINTE MANAGEMENT GROUP 75 NE 6TH AVE., SUITE 206 DELRAY BEACH, FL 33483		<b>Mailing Address</b> POINTE MANAGEMENT GROUP 75 NE 6TH AVE., SUITE 206 DELRAY BEACH, FL 33483			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042006 Chg-NP CR2E037 (11/05)	
<b>4. FEI Number</b> 65-0775611				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
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 <b>FL</b> Zip Code		
<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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUAN, MICHAEL		NAME	QUAN, MIKE	
STREET ADDRESS	154 CRYSTAL KEY WAY		STREET ADDRESS	154 CRYSTAL KEY WAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDWAY, JAN		NAME	R105, TONYA	
STREET ADDRESS	170 HEMMING WAY		STREET ADDRESS	707 KEY WEST ST.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	YP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELICIANO, WILFRED		NAME	LINDELDF, MARGO	
STREET ADDRESS	179 HEMMING WAY		STREET ADDRESS	703 KEY WEST ST.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	2VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALDOS, ABNER		NAME	MARIA RODRIGUEZ	
STREET ADDRESS	174 HEMMING WY		STREET ADDRESS	137 BUFFET KEY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	2VP	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUGENE, FORD		NAME	KAREN CHENNELL	
STREET ADDRESS	157 CRYSTAL KEY WAY		STREET ADDRESS	131 BUFFET KEY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> 			1-19-06		561-274-3031
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>