

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90016 037 ****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 - No P.O. Box #
 United Community Management
 Suite, Apt. #, etc.
 11784 W. Sample Rd

3. Mailing Address
 ← same

City & State
 Coral Springs, FL

City & State
 ← same

Zip
 33065

Country
 U.S.



01242007 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0775611

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ESTEBANER, ERIC
 POINTE MANAGEMENT GROUP
 75 NE 6TH AVE., SUITE 206
 DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent
 Name: United Community Management
 Street Address (P.O. Box Number is Not Acceptable): 11784 W. Sample Rd
 City & State: Coral Springs FL Zip Code: 33065

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: Renee Kattawa Renee Kattawa - U.P. Finance 1/26/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	SD QUAN, MIKE 154 CRYSTAL KEY WAY BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	PD RIDS, TONYA 707 KEY WEST ST BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VP LINDELOP, MARGO 703 KEY WEST ST BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	2VP RODRIAGUEZ, MARIA 137 BUFFET KEY BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	TD CHENNELL, KAREN 131 BUFFET KEY BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY ST ZIP	TREASURER DON BERNSTEIN 148 CRYSTAL KEY WAY BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SECRETARY JAN LINDWAY 170 HEMMINGWAY BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	PRESIDENT ABNER GALDOS 174 HEMMINGWAY BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: [Signature] 1/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #