

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000277

FILED
Apr 23, 2009
Secretary of State

Entity Name: CRYSTAL KEY AT WOOLBRIGHT PLACE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2328 SOUTH CONGRESS AVE
SUITE 1-C
WEST PALM BEACH, FL 33406

New Principal Place of Business:

C/O ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461

Current Mailing Address:

2328 SOUTH CONGRESS AVE
SUITE 1-C
WEST PALM BEACH, FL 33406

New Mailing Address:

C/O ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461

FEI Number: 65-0775611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLEY & WYAN T. CORTEZ, P.A.
860 US HWY ONE ST 108
NORTH PALM BEACH, FL 33408y US

Name and Address of New Registered Agent:

HILLEY & WYANT CORTEZ, P.A.
860 US HWY ONE ST 108
NORTH PALM BEACH, FL 33408 US

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: WYANT CORTEZ, ESQ.

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BERNSTIEN, DON
Address: 148 CRYSTAL KEY WAY
City-St-Zip: BOYNTON BEACH, FL 33426

Title: S () Delete
Name: LINDWAY, JAN
Address: 170 HEMMING WAY
City-St-Zip: BOYNTON BEACH, FL 33426

Title: P () Delete
Name: GALDOS, ABNER
Address: 174 HEMMING WAY
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GALDOS, ABNER
Address: 174 HEMMING WAY
City-St-Zip: BOYNTON BEACH, FL 33426

Title: SD (X) Change () Addition
Name: LINDWAY, JAN
Address: 170 HEMMING WAY
City-St-Zip: BOYNTON BEACH, FL 33426

Title: TD (X) Change () Addition
Name: BERNSTEIN, DON
Address: 148 CRYSTAL KEY WAY
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MATH, APM

AGT

04/23/2009

Electronic Signature of Signing Officer or Director

Date