

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

2/2

02-03-2003 90052 018 \*\*\*\*61.25

**DOCUMENT # N97000000277**



1. Entity Name  
**CRYSTAL KEY AT WOOLBRIGHT PLACE HOMEOWNER'S ASSO  
CIATION, INC.**

Principal Place of Business      Mailing Address  
**160 CRYSTAL KEY WAY      160 CRYSTAL KEY WAY  
BOYNTON BEACH 33 33426      BOYNTON BEACH 33 33426**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address  
  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number **65-0775611**      Applied For  
Zip      Country      Zip      Country      Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**ESTEBANER, ERIC  
75 NE 6TH AVE #206  
DELRAY BEACH FL 33983**

7. Name and Address of New Registered Agent  
Name **ERIC ESTEBANER**  
Street Address (P.O. Box Number is Not Acceptable)  
**Pointe Mgmt Group  
75 NE. 6th Ave #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 \_\_\_\_\_ DATE **3/2/03**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**      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	TR <b>QUAN, MICHAEL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>154 CRYSTAL KEY WAY</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL 33426</b>	
TITLE NAME	VP <b>GALDOS, ABNER</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>174 HEMMING WY</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	
TITLE NAME	S <b>NELSON, CHARLES</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>141 BUFFET KEY</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	
TITLE NAME	D <b>DE JESUS, WILFREDO</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>173 HEMMING WAY</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	
TITLE NAME	TD <b>ANKENEY, PAULETTE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>108 SUNSET BLVD.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	
TITLE NAME	OD <b>GLICKMAN, DAVID</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>145 CRYSTAL KEY WAY</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	S/D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	U.P./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	T.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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: **SIGNATURE REQUIRED** *Abner Galdo* **3/24/03**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR12E037 (10/02)