

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # N99000002206

FILED
May 02, 2000 8:00 am
Secretary of State

02-22-2000 90003 001 ****61.25

1. Entity Name

CRYSTAL LAKE WAREHOUSE CONDOMINIUM ASSOCIATION.

Principal Place of Business

Mailing Address

2605 ATLANTIC BLVD.
 SUITE 212
 POMPANO BEACH FL 33062

2605 ATLANTIC BLVD.
 SUITE 212
 POMPANO BEACH FL 33062-4948



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4400 NW 19TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

4. FEI Number

65-0912195

Applied For

Not Applicable

Zip

FL 33064

Country

BROWARD

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZIPPIN, ROBERT S ESQ.
7101 W. MCNAB ROAD
SUITE 200
TAMARAC FL 33321

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	RUNDLE, TERENCE	
STREET ADDRESS	2605 ATLANTIC BLVD. SUITE 212	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	O	<input type="checkbox"/> Delete
NAME	RUNDLE, JOAN	
STREET ADDRESS	2605 ATLANTIC BLVD. SUITE 212	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZIPPIN, ROBERT S	
STREET ADDRESS	7101 W. MCNAB ROAD SUITE 200	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

CR2E037 (9/99)

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 OF TERENCE RUNDLE **2-16-00 954 782 3666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #