

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # N99000002206
1. Entity Name
CRYSTAL LAKE WAREHOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 2303 S MCNAB RD #7 POMPANO BEACH, FL 33069
Mailing Address: PO BOX 770397 CORAL SPRINGS, FL 33077

DO NOT WRITE IN THIS SPACE

03162008 No Chg-NP CR2E037 (4/06)
4. FEI Number: 65-0912195 Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ZIPPIN, ROBERT S ESQ.
7101 W. MCNAB ROAD
SUITE 200
TAMARAC, FL 33321

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUNDLE, TERENCE
STREET ADDRESS	2303 W MCNAB RD #7
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	D
NAME	RUNDLE, JOAN
STREET ADDRESS	2303 W MCNAB R D#7
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	D
NAME	ZIPPIN, ROBERT S
STREET ADDRESS	7101 W. MCNAB ROAD SUITE 200
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/08-80034-005 61.25
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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] 3.17.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #