

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


**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90143 018 \*\*\*\*61.25

00210

**DOCUMENT # N99000002206**

1. Entity Name  
**CRYSTAL LAKE WAREHOUSE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2605 EAST ATLANTIC BOULEVARD, SUITE #212  
POMPANO BEACH FL 33062**

Mailing Address  
**2605 EAST ATLANTIC BOULEVARD, SUITE #212  
POMPANO BEACH FL 33062**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**2303 W. MCNAB ROAD**

3. Mailing Address  
**P. O. Box 710397**

Suite, Apt. #, etc.  
**# 7**

City & State  
**POMPANO BEACH FL.**

City & State  
**CORAL SPRINGS FLORIDA**

Zip  
**33069**

Country  
**USA**

Zip  
**33077**

Country  
**USA**

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**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                                                                                   |                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| TITLE          |                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                                                   |                                                                   |
| STREET ADDRESS | <del>2605 E. ATLANTIC BLVD SUITE 212 FL 33069</del><br><b>2303 W. MCNAB ROAD #7 POMPANO BEACH</b> |                                                                   |
| CITY-ST-ZIP    |                                                                                                   |                                                                   |
| TITLE          |                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                                                   |                                                                   |
| STREET ADDRESS | <b>2303 W. MCNAB ROAD #7</b>                                                                      |                                                                   |
| CITY-ST-ZIP    | <b>POMPANO BEACH FL 33069</b>                                                                     |                                                                   |
| TITLE          |                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                                                   |                                                                   |
| STREET ADDRESS |                                                                                                   |                                                                   |
| CITY-ST-ZIP    |                                                                                                   |                                                                   |
| TITLE          |                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                                                   |                                                                   |
| STREET ADDRESS |                                                                                                   |                                                                   |
| CITY-ST-ZIP    |                                                                                                   |                                                                   |
| TITLE          |                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                                                   |                                                                   |
| STREET ADDRESS |                                                                                                   |                                                                   |
| CITY-ST-ZIP    |                                                                                                   |                                                                   |

CR2E037 (10/02)

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 RUNDLE** 1.16.03 9547823666