FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(0)

CRISTAL SHORES CONDOMINIUM ASSOCIATION, INC.

FILED Apr 25 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address								
9702 NORTHEAST 171ST STREET NORTH MIAMI BEACH FL 33160		3702 NORTHEAST 171ST STREET NORTH MIAMI BEACH FL 33160-3044								
						3. Date Incorporated or Qualified 04/21/1976		Last Report 17/1996		
	lace of Business	2a. Mailing Address				4. FEI Number 59-1710345			For	
21	H - 1-	26							licable	
Suite, Apt.	#, BIC.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	B.75 Addition Fee Requires		
City & State	8	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for in				
24	25		30			Florida Statutes	Yes 🔀 N)		
	9, Name and Address of Current	Registered Agent				10. Name and Address of New Reg	istered Age	it		
				81 Na	me					
	ik, marge	82 Street A			eet Addres	s (P.O. Box Number is Not Acceptable	e)			
	E. 171ST STREET	IR'		B3						
NORTH	MIAMI BEACH FL 33160		[
				84 Cit	y		FL B	Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND		13.	- Agont aign	a.dro roquirod	ADDITIONS/CHANGES TO OFFICE		ECTORS IN	12 6	
TITLE	PD	X DELETE	1.1 TR	L F	P				12 g	
NAME	KUZNARIK, MARGE	′	1.2 NA	ME		OSE, DAVID			2	
STREET ADDRESS	3702 NE 171ST ST. PH		1.3 STREET ADDRESS		ss 3	702 NE 171st #17 MIAMI BEACH FL 3				
CITY-ST-ZIP	N MIAMI BEACH, FL 00000		1.4 00	ry-ST-ZIP			3160			
TITLE	VD	☑ DELETE	2.1 TIT	LE	V			Change	Addition C	
NAME	DEPASQUALE, JOSEPH		2.2 NA	ME	K	AMINSKY, LENNY			ļ	
-STREET ADDRESS	3702 NE 171ST ST. #2		2.3 \$1	REET ADDRE	ss 3	3702 NE 171st St.#9				
CITY-ST-ZIP	N MIAMI BEACH, FL 00000			TY-ST-ZIP	N	MIAMI BEACH FL 3		 _		
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TITLE		☐ DELETE	4.1 717				L	Change	Addition	
NAME			4. 2 N/							
STREET ADDRESS				REET ADDRE	SS					
CITY-ST-ZIP TITLE		DELETE	_	Y-ST-ZIP				Change	Addition	
NAME			5.1 TI) 5.2 NA				لسا			
STREET ADDRESS				ME Reet addre	.00					
CITY-ST-ZIP				NECT ADDRE [Y-S]-ZIP	.00				ļ	
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NAME		<u> </u>	6.2 NA				_			
STREET ADDRESS				reet addre	ss					
CITY-ST-ZIP				Y-ST-ZIP	1					

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

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