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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735647

1. Corporation Name
CRISTAL SHORES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3702 NORTHEAST 171ST STREET NORTH MIAMI BEACH FL 33160	3702 NORTHEAST 171ST STREET NORTH MIAMI BEACH FL 33160

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 04/21/1976

4. FEI Number: 59-1710345 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KUZNARIK, MARGE
3702 N. E. 171ST STREET
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SOSE, DAVID		1.2 NAME	KAMINSKY, LEONARD	
STREET ADDRESS	3702 NE 171ST #17		1.3 STREET ADDRESS	3702 NE 171st St. #9	
CITY-ST-ZIP	N MIAMI BEACH, FL 00000		1.4 CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	VD	☒ DELETE	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	GUIJARRO, MAYRA		2.2 NAME	POLLEY, JACQUELINE	
STREET ADDRESS	3702 NE 171ST SUITE 3		2.3 STREET ADDRESS	3702 NE 171st St. #6	
CITY-ST-ZIP	N MIAMI BEACH FL 33160		2.4 CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	STD	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	KUZNARIK, MARGE		3.2 NAME	KUZNARIK, MARGE	
STREET ADDRESS	3702 NE 171ST PH		3.3 STREET ADDRESS	3702 NE 171st St #21	
CITY-ST-ZIP	N MIAMI BEACH, FL 00000		3.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: [signature] REQUIRED JACQUELINE M. POLLEY 4/13/99 305-940-2781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #