

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90029 025 \*\*\*\*\*61.25

**DOCUMENT # 735647**

1. Entity Name

**CRISTAL SHORES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

3702 NORTHEAST 171ST STREET  
 NORTH MIAMI BEACH FL 33160

Mailing Address

3702 NORTHEAST 171ST STREET  
 NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1710345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

*Jacqueline M. Polley*  
 3702 N.E. 171ST. #6  
 North Miami Beach, FL  
 33160

7. Name and Address of New Registered Agent

*Jacqueline M. Polley*  
 Street Address (P.O. Box Number is Not Acceptable)  
*Cristal Shores Condominium*  
 3702 N.E. 171ST. #6  
 North Miami Beach, FL FL 33160

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

*Jacqueline M. Polley*  
 Signature, typed or printed name of registered agent and title if applicable.

*Jacqueline M. Polley*  
 (NOTE) registered Agent signature required when re-stating

*4/26/01*  
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUJARRO, MAYRA 3702 NE 171ST ST. #2 N. MIAMI BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POLLEY, JACQUELINE 3702 NE 171ST ST. #6 N. MIAMI BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUZNARIK, MARGE 3702 NE 171ST ST. #9 N. MIAMI BEACH FL 33160	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.D. Ronald E. Sebastian 3702 N.E. 171ST. #6 N. Miami Beach, FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Jacqueline M. Polley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)