


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91232 031 ****61.25

DOCUMENT # N03174					
1. Entity Name CRYSTAL LAKE VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 15439 SW 80TH ST SUITE 105 MIAMI, FL 33193			Mailing Address 15439 SW 80TH ST SUITE 105 MIAMI, FL 33193		
2. Principal Place of Business 13205 SW 137 Avenue		3. Mailing Address 13205 SW 137 Avenue			
Suite, Apt. #, etc. 232		Suite, Apt. #, etc. 232			
City & State Miami FL		City & State Miami FL			
Zip 33186		Country Miami-Dade		Zip 33186	
Country Miami-Dade		Country Miami-Dade			
6. Name and Address of Current Registered Agent CRYSTAL LAKE ASSOCIATION 15439 SW 80TH ST. SUITE 105 MIAMI, FL 33193			7. Name and Address of New Registered Agent Name: Crystal Lake Association Street Address (P.O. Box Number is Not Acceptable): 40 Allied Property Group Inc 13205 SW 137 Avenue, Suite 232 City: Miami FL Zip Code: 33186		
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: <u>Ana Sanchez</u> Ana Sanchez DATE: <u>4-13-04</u>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANTOS, ZORAIDA 15439 SW BOST # 105 MIAMI, FL 33193	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TEDEDA, ARMANDO 15415 SW 80 ST #106 MIAMI, FL 33103	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Erick Y. Delgado 15459 SW 80 ST. #104 MIAMI FL 33193
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PEREZ, ALBERT 15471-SW 80 ST #103 MIAMI, FL 33193	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANTOS, ZORAIDA 15439 SW 80 ST #105 MIAMI, FL 33193	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: <u>Zoraida Santos</u> zoraida Santos DATE: <u>4-16-04</u> (305) 232 1579					