2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State
03-18-2005 90078 048 ****61.25

DOCUMENT # N03174

1. Entity Name
CRYSTAL LAKE VILLAS CONDOMINIUM ASSOCIATION, INC.

50028002

Principal Place of Business	Mailing Address
13205 SW 137 AVENUE MIAMI, FL 33186	13205 SW 137 AVENUE SUITE 105 MIAMI, FL 33186

03022005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
13200 SW 128 St.	13200 SW 128 St
Suite, Apt. #, etc. Suite B-2	Suite, Apt. #, etc. Suite B2
City & State Miami FL	City & State Miami FL
Zip 33186 Country USA	Zip 33186 Country USA

4. FEI Number
65-0673303
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRYSTAL LAKE ASSOCIATION C/O ALLEID PROPERTY GROUP INC. 13205 SW 137 AVENUE MIAMI, FL 33186	Name: Crystal Lake Villas Condo. Street Address (P.O. Box Number is Not Acceptable): C/o Allied Property Group Inc. 13200 SW 128 St. Ste. B2 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: Dennis Eisinger 3-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			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	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DELGADO, ERICK Y 15459 SW 80 ST., #104 MIAMI, FL 33193	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PEREZ, ALBERT 15471 SW 80 ST #103 MIAMI, FL 33193	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SANTOS, ZORAIDA 15439 SW 80 ST #105 MIAMI, FL 33193	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Zoraida Santos Zoraida Santos 3/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #