

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004864

Entity Name: CRYSTAL POINTE AT CORAL LAKES CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 30, 2013
Secretary of State
CC5951523874**Current Principal Place of Business:**CRYSTAL POINTE CONDO ASSOCIATION
12751 EL CLAIRE RANCE RD
BOYNTON BEACH, FL 33437**Current Mailing Address:**CRYSTAL POINTE CONDO ASSOCIATION
12751 EL CLAIRE RANCE RD
BOYNTON BEACH, FL 33437**FEI Number: 65-0644515****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ADLER, ROBERT PRES
12480 CRYSTAL POINTE DR APT201
BOYNTON BEACH, FL 33437 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TRSR
Name	EISENBERG, BARRY TREASR
Address	12434 CRYSTAL POINTE DR. # 101
City-State-Zip:	BOYNTON BEACH FL 33437

Title	PRES
Name	ADLER, ROBERT PRES
Address	12480 CRYSTAL POINTE 201
City-State-Zip:	BOYNTON BEACH FL 33437

Title	2VP
Name	KINIGSON, LEO
Address	12610 D CRYSTAL POINTE DR.
City-State-Zip:	BOYNTON BEACH FL 33437

Title	6TH VP
Name	WOLOK, SANFORD
Address	12462 CRYSTAL POINTE DR., #101
City-State-Zip:	BOYNTON BEACH FL 33437

Title	3VP
Name	BLATTEIS, LINDA
Address	12586 CRYSTAL POINTE DR., UNIT C
City-State-Zip:	BOYNTON BEACH FL 33437

Title	S
Name	GLUCK, NORMA
Address	12658 B CRYSTAL POINTE DR
City-State-Zip:	BOYNTON BEACH FL 33437

Title	1ST VP
Name	BEGELMAN, DELORES
Address	12426 CRYSTAL POINTE DR. #202
City-State-Zip:	BOYNTON BEACH FL 33437

Title	4TH VP
Name	LEWIS, IRWIN
Address	12450 CRYSTAL POINTE DR. #101
City-State-Zip:	BOYNTON BEACH FL 33437

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT ADLER**PRESIDENT****01/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	5TH VP
Name	SAMUELS, LEON
Address	12468 CRYSTAL POINTE DR. #201
City-State-Zip:	BOYNTON BEACH FL 33437