


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90178 020 ****61.25

DOCUMENT # 704559					
1. Entity Name CRYSTAL COURT #3, INC.					
Principal Place of Business 53 FIRST AVE MASSAPEQUA PARK NY 11782 <i>2522 Hayes Street Hollywood, FL 33020</i>			Mailing Address 53 FIRST AVE MASSAPEQUA PARK NY 11782		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6177193 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEORGE CONSTANTINESCU GENEGA, NICHOLAS 2524 HAYES STREET #12 HOLLYWOOD FL 33020			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL			FL		
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 <i>[Signature]</i>				DATE 4-10-06	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GHEORGHE, CONSTANTINESU	NAME	Resident		
STREET ADDRESS	2524 HAYES ST, APT 12	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020	CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	TOSONE, ALBERT	NAME	Sec/Treas		
STREET ADDRESS	2524 HAYES ST, #4	STREET ADDRESS	2522 HAYES ST. #3		
CITY-ST-ZIP	HOLLYWOOD FL 33020	CITY-ST-ZIP	HOLLYWOOD, FL 33020		
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GENEGA, NICHOLAS	NAME	Director		
STREET ADDRESS	2524 HAYES STREET #11	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BOJTHY, JULIUS	NAME			
STREET ADDRESS	2524 HAYES ST, # 2	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARKOTA, MATO	NAME			
STREET ADDRESS	2524 HAYES ST, #7	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DE MAIO, DONALD	NAME			
STREET ADDRESS	2524 HAYES ST #6	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020	CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Signature]* **Tom VOYLES** 4-10-06 954-925-5421