


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90030 042 \*\*\*\*61.25

<b>DOCUMENT # 704559</b>			
1. Entity Name CRYSTAL COURT #3, INC.		Principal Place of Business 2522 HAYES STREET HOLLYWOOD, FL 33020	
Mailing Address 2522 HAYES STREET HOLLYWOOD, FL 33020		2. Principal Place of Business - No P.O. Box #	
Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. <i>Suite # 3</i>	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent VOYLES, TOM 2522 HAYES STREET APT #3 HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent - Name - Street Address (P.O. Box Number is Not Acceptable) <i>NO CHANGE</i> City <b>FL</b> Zip Code	
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>Tom Voyles</i>		DATE <i>2/29/08</i>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GHEORGHE, CONSTANTINESU 2524 HAYES ST, APT 12 HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> IRENE VERES 2524 HAYES STREET, APT 10 HOLLYWOOD, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VOYLES, TOM 2522 HAYES ST., #3 HOLLYWOOD, FL 33020 <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	D GENEGA, NICHOLAS 2524 HAYES STREET #11 HOLLYWOOD, FL 33020 <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	VP BOJTHY, JULIUS 2524 HAYES ST, # 2 HOLLYWOOD, FL 33020 <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	D MARKOTA, MATO 2524 HAYES ST, #7 HOLLYWOOD, FL 33020 <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	D SAUER, RICHARD 2524 HAYES STREET #9 HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Delete <i>→</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> SAUER, RICHARD 2524 HAYES ST. # 9 HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Tom Voyles</i>		DATE: <i>2/29/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>954 925-5421</i>	

