

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704559

FILED  
Jan 23, 2012  
Secretary of State

Entity Name: CRYSTAL COURT #3, INC.

**Current Principal Place of Business:**

2522 HAYES STREET  
SUITE 3  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2522 HAYES STREET  
SUITE 3  
HOLLYWOOD, FL 33020

**New Mailing Address:**

FEI Number: 59-6177193      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VOYLES, TOM  
2522 HAYES STREET  
SUITE #3  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: VERES, IRENE  
Address: 2524 HAYES STREET, APT 10  
City-St-Zip: HOLLYWOOD, FL 33020

Title: ST  
Name: VOYLES, TOM  
Address: 2522 HAYES ST., #3  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D  
Name: GENEVA, NICHOLAS  
Address: 2524 HAYES STREET #11  
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP  
Name: BOJTHY, ALICIA  
Address: 2522 HAYES ST, # 2  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D  
Name: MARKOTA, MATO  
Address: 2524 HAYES ST, #7  
City-St-Zip: HOLLYWOOD, FL 33020

Title: P  
Name: SOUER, RICHARD  
Address: 2524 HAYES ST. #9  
City-St-Zip: HOLLYWOOD, FL 33020

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: TOM J VOYLES

ST

01/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date