

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708326

FILED
Jan 07, 2009
Secretary of State

Entity Name: CRYSTAL LAKE 1021 ASSOCIATION, INC.

Current Principal Place of Business:

1021 CRYSTAL LAKE DRIVE
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

1021 CRYSTAL LAKE DRIVE
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 59-1116672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES
6261 NW 6TH WAY
STE 103
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

BASS, MICHAEL R ESQ.
600 S. ANDREWS AVENUE
6TH FLOOR
FORT LAUDERDALE, FL 33301 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: MICHAEL R. BASS

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: UNKS, GREG
Address: 1021 CRYSTAL LAKE DR #311
City-St-Zip: POMPAÑO BEACH, FL 33064

Title: D () Delete
Name: BALL, DONALD
Address: 1021 CRYSTAL LAKE DR., #206
City-St-Zip: POMPAÑO BEACH, FL 33064

Title: DV () Delete
Name: SMITH, PAMELA
Address: 1021 CRYSTAL LAKE DR # 215
City-St-Zip: POMPAÑO BEACH, FL 33064

Title: DS () Delete
Name: NOEL, MARIE
Address: 1021 CRYSTAL LAKE DR # 315
City-St-Zip: POMPAÑO BEACH, FL 33064

Title: DP () Delete
Name: LYNN, DAWAYNE
Address: 1021 CRYSTAL LAKE DR # 214
City-St-Zip: POMPAÑO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAMELA SMITH

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date