


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90040 024 ****61.25

DOCUMENT # 710217	
1. Entity Name CRYSTAL LAKE 3930 ASSOCIATION INC. (A CONDOMINIUM ASSOCIATION)	

Principal Place of Business 2855 NORTH UNIVERSITY DRIVE SUITE 310 CORAL SPRINGS, FL 33065 US	Mailing Address 2855 NORTH UNIVERSITY DRIVE SUITE 310 CORAL SPRINGS, FL 33065 US
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40052203



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01032007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1534011	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SOUTHEAST CONDOMINIUM MGMT 2855 NORTH UNIVERSITY DRIVE SUITE 310 CORAL SPRINGS, FL 33065		Nan Tucker & Tighe, P.A. Stre 800 E. Broward Blvd, Suite 710 Fort Lauderdale, FL 33301 City 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 *Thomas J. Tighe, Pres.* 2/6/07
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 NAME STREET ADDRESS CITY-ST-ZIP	TD CIANFICHI, ANTHONY 3930 CRYSTAL LAKE DRIVE #105 POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beckman, Ronald 3930 Crystal Lake Dr. #112 Pompano Bch, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PITTMAN, WAYNE R 3930 CRYSTAL LAKE DR #110 POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Harknett, Marilyn 3930 Crystal Lake Dr. #310 Pompano Beach, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISHER, RALPH 3930 CRYSTAL LAKE DR #104 POMPANO BEACH, FL 33064 <input checked="" 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	P MENKEN, EDWARD 3930 CRYSTAL LAKE DR #103 POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lopapa, Eric 3930 Crystal Lake Dr. #101 Pompano Beach, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWAMBERGER, JUSTIN 3930 CRYSTAL LAKE DRIVE #205 POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cianfichi, Anthony <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILNE, MARY 3930 CRYSTAL LAKE DR #203 POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P milne, mary <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: *Mary Milne - Mary Milne* 5677 4/4 954-422-1299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #