

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **711224 (6)**
1. Corporation Name
CRYSTAL COURT MANOR NO. 6 CONDOMINIUM, INC.



Principal Place of Business: 1300 N. 12TH CT HOLLYWOOD FL 33019
Mailing Address: 1300 N. 12TH CT HOLLYWOOD FL 33019

3. Date Incorporated or Qualified: **07/19/1966**
3a. Date of Last Report: **03/27/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, and Zip/Country.

4. FEI Number: **59-2467179**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GENOVESE, NICK
1300 N. 12TH COURT
#2-B
HOLLYWOOD FL 33019**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Nick Genovese* **NICK GENOVESE PRESIDENT FEB. 27/96**
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GENOVESE, NICK	
STREET ADDRESS	1300 N 12TH CT 2B	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GARGIULLO, RUTH	
STREET ADDRESS	1300 N 12TH CT-10B	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GENOVESE, PATRICIA	
STREET ADDRESS	1300 N 12TH ST CT-2B	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DISTEFANO, GILDA	
STREET ADDRESS	1300 N 12 CT 1A	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AMICCUCCI, STELLA	
STREET ADDRESS	1300 N 12 CT APT 10A	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARRA, WILLIAM	
STREET ADDRESS	1300 N 12 CT APT 5B	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. Arlene Agresta	
1.3 STREET ADDRESS	1300 N 12th CT 9A	
1.4 CITY-ST-ZIP	Hollywood FL 33019	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia Genovese* **PATRICIA GENOVESE FEB. 27/96 925-9146**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)