


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 28 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business <b>1300 N. 12TH CT HOLLYWOOD FL 33019</b>	Mailing Address <b>1300 N. 12TH CT HOLLYWOOD FL 33019-3235</b>
--	---

3. Date Incorporated or Qualified <b>07/19/1966</b>	3a. Date of Last Report <b>03/04/1996</b>
--	--

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29	4. FEI Number <b>59-2467179</b>	Applied For Not Applicable
---	--	------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_  
 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	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>GENOVESE, NICK</b>
STREET ADDRESS	<b>1300 N 12TH CT 2B</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL 33019</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>AGRESTA, J A</b>
STREET ADDRESS	<b>1300 NORTH 12TH COURT, #9A</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>GENOVESE, PATRICIA</b>
STREET ADDRESS	<b>1300 N 12TH ST CT-2B</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL 33019</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>DISTEFANO, GILDA</b>
STREET ADDRESS	<b>1300 N 12 CT 1A</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL 33019</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>AMICCUCI, STELLA</b>
STREET ADDRESS	<b>1300 N 12 CT APT 10A</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL 33019</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MARRA, WILLIAM</b>
STREET ADDRESS	<b>1300 N 12 CT APT 5B</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL 33019</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Nick Genovese* **Nick Genovese** (954) 925-9146  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/24/97 Date Daytime Phone # 0023495

CP2E037 (9/96)