

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711224

1. Entity Name

CRYSTAL COURT MANOR NO. 6 CONDOMINIUM, INC.

FILED

02 FEB 27 PH 4:45

Principal Place of Business

Mailing Address

1300 N. 12TH CT
HOLLYWOOD FL 33019

1300 N. 12TH CT
HOLLYWOOD FL 33019-3235

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

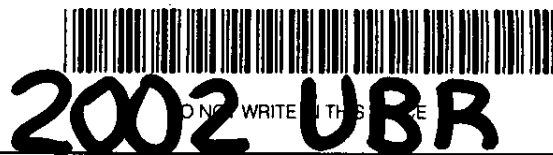
City & State

Zip

Country

Zip

Country



4. FEI Number **59-2467179** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GENOVESE, NICK
1300 N. 12TH COURT
#2-B
HOLLYWOOD FL 33019

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GENOVESE, NICK	
STREET ADDRESS	1300 N 12TH CT 2B	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	S	<input type="checkbox"/> Delete
NAME	AGRESTA, J A	
STREET ADDRESS	1300 NORTH 12TH COURT, #9A	
CITY-ST-ZIP	HOLLYWOOD FL	
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 checked="" type="checkbox"/> Delete
NAME	MARRA, WILLIAM	
STREET ADDRESS	1300 N 12 CT APT 5B	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERA ARCARO	
STREET ADDRESS	1300 N. 12th Ct, APT 3B	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600005096676--5	
CITY-ST-ZIP	-03/12/02--01038--006	
	*****61.25 *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

Patricia Genova
SIGNATURE REQUIRED

2/23/02

925-924-1750

CPREN07 (0-00)