

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90076 031 \*\*\*\*61.25

<b>DOCUMENT # 711224</b>			
1. Entity Name <b>CRYSTAL COURT MANOR NO. 6 CONDOMINIUM, INC.</b>			
Principal Place of Business <b>1300 N. 12TH CT HOLLYWOOD FL 33019</b>		Mailing Address <b>1300 N. 12TH CT HOLLYWOOD FL 33019</b>	
2. Principal Place of Business		3. Mailing Address <b>1300 N. 12th Ct. Apt 9A</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Hollywood, FL 33019</b>	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2467179</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	



1st MOORE CR2E037 (10/05)

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>INTINTOLLI, MICHAEL</b> <b>1300 N. 12TH COURT</b> <b>#2-A</b> <b>HOLLYWOOD FL 33019</b>		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>INTINTOLI, MICHAEL</b> <b>1300 N. 12TH CT APT 2A</b> <b>HOLLYWOOD FL 33019</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>S</b>	<input type="checkbox"/> Delete <b>AGRESTA, J A</b> <b>1300 NORTH 12TH COURT, #9A</b> <b>HOLLYWOOD FL 33019</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>ARDOVINI, TONY</b> <b>1300 N. 12TH CT APT 12A</b> <b>HOLLYWOOD FL 33019</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>TD</b>	<input type="checkbox"/> Delete <b>DISTEFANO, GILDA</b> <b>1300 N 12 CT 1A</b> <b>HOLLYWOOD FL 33019</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>AMICCUCI, STELLA</b> <b>1300 N 12 CT APT 10A</b> <b>HOLLYWOOD FL 33019</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete <b>ARCARO, VERA</b> <b>1300 N. 12TH COURT, APT. 3B</b> <b>HOLLYWOOD FL 33019</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>David Fariello</i> <b>David Fariello</b> <b>1300 N. 12th Court 8A</b> <b>Hollywood, FL 33019</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Arlene Agresta, Sec. 954-925-8176 *Arlene Agresta* 2/13/06