


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90028 013 \*\*\*\*61.25

<b>DOCUMENT # 711224</b> 1. Entity Name <b>CRYSTAL COURT MANOR NO. 6 CONDOMINIUM, INC.</b>	
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Principal Place of Business 1300 N. 12TH CT HOLLYWOOD FL 33019	Mailing Address 1300 N 12TH CT APT 9A HOLLYWOOD FL 33019
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

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

<b>6. Name and Address of Current Registered Agent</b>  <b>INTINTOLLI, MICHAEL</b> <b>1300 N. 12TH COURT</b> <b>#2-A</b> <b>HOLLYWOOD FL 33019</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> <b>INTINTOLI, MICHEAL</b> <b>1300 N. 12TH CT APT 2A</b> <b>HOLLYWOOD FL 33019</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>S</b> <b>AGRESTA, J A</b> <b>1300 NORTH 12TH COURT, #9A</b> <b>HOLLYWOOD FL 33019</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VP</b> <b>ARDOVINI, TONY</b> <b>1300 N. 12TH CT APT 12A</b> <b>HOLLYWOOD FL 33019</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>TD</b> <b>DISTEFANO, GILDA</b> <b>1300 N 12 CT 1A</b> <b>HOLLYWOOD FL 33019</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>AMICCUCI, STELLA</b> <b>1300 N 12 CT APT 10A</b> <b>HOLLYWOOD FL 33019</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>FARUDO, DAVID D</b> <b>1300 N. 12TH COURT, APT. 3B</b> <b>HOLLYWOOD FL 33019</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

*Jackie De Santis*  
**JACKIE DE SANTIS**  
**1300 N. 12TH COURT APT. 1B**  
**HOLLYWOOD, FL 33019**

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: *J. Arlene Agresta* **J. ARLENE AGRESTA** 2/23/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

954-925-8176