


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # 711224		
1. Entity 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 APT 9A HOLLYWOOD, FL 33019	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent INTINTOLLI, MICHAEL 1300 N. 12TH COURT #2-A HOLLYWOOD, FL 33019		DO NOT WRITE IN THIS SPACE
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 <u>Michael Intintolli</u> DATE <u>2/26/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INTINTOLI, MICHAEL 1300 N. 12TH CT APT 2A HOLLYWOOD, FL 33019	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AGRESTA, J A 1300 NORTH 12TH COURT, #9A HOLLYWOOD, FL 33019	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARDOVINI, TONY 1300 N. 12TH CT APT 12A HOLLYWOOD, FL 33019	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DISTEFANO, GILDA 1300 N 12 CT 1A HOLLYWOOD, FL 33019	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMICCUCCI, STELLA 1300 N 12 CT APT 10A HOLLYWOOD, FL 33019	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE SANTIS, JACKIE 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 Chapter 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: <u>Michael Intintolli</u> <u>2/26/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2467179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

FL. 954-921-7862
NY 518-355-9166