


**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



02212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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  
 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: *Michael Intintolli* DATE: *2/26/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000843821  
 03/12/08-80010-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	INTINTOLI, MICHEAL
STREET ADDRESS	1300 N. 12TH CT APT 2A
CITY-ST-ZIP	HOLLOYWOOD, FL 33019
TITLE	S
NAME	AGRESTA, J A
STREET ADDRESS	1300 NORTH 12TH COURT, #9A
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	VP
NAME	ARDOVINI, TONY
STREET ADDRESS	1300 N. 12TH CT APT 12A
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	TD
NAME	DISTEFANO, GILDA
STREET ADDRESS	1300 N 12 CT 1A
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	D
NAME	AMICCUCI, STELLA
STREET ADDRESS	1300 N 12 CT APT 10A
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	D
NAME	DE SANTIS, JACKIE
STREET ADDRESS	1300 N. 12TH COURT, APT. 1B
CITY-ST-ZIP	HOLLYWOOD, FL 33019

**DO NOT WRITE IN THIS SPACE**

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: *Michael Intintolli* DATE: *2/26/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Fl. 954-921-7862*  
*NY 518-355-9166*