

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 712063 (7)

1. Corporation Name

CRYSTAL COURT NO. 4 CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

2621 & 2623 GRANT STREET  
HOLLYWOOD FL 33020

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HOLLYWOOD FL 33020

3. Date Incorporated or Qualified  
10/13/1964

3a. Date of Last Report  
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

4. FEI Number  
59-2397748

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMBROSIA, MARY  
2621 GRANT ST. APT. 9A  
HOLLYWOOD FL 33020

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	ANGRISANO, GEORGE	
STREET ADDRESS	2621 GRANT ST	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WESTALL, ERNEST	
STREET ADDRESS	2623 GRANT ST. #3A	
CITY - ST - ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIRUZZO, MARY	
STREET ADDRESS	2621 GRANT ST. #11A	
CITY - ST - ZIP	HOLLYWOOD FL 33020	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TURSDALL, TRUDY	
STREET ADDRESS	2623 GRANT ST. APT 1-A	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VARGIS, MARY	
STREET ADDRESS	2621 GRANT ST 11B	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	AMBROSIO, MARY	
STREET ADDRESS	2621 GRANT ST. #9A	
CITY - ST - ZIP	HOLLYWOOD FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Vargas, Sec'y*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 923-6606  
Date Daytime Phone #

CR2E037 (12/95)