

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

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90151 002 \*\*\*\*61.25

DOCUMENT # 712063  
 1. Entity Name  
 CRYSTAL COURT NO. 4 CONDOMINIUM, INC.



Principal Place of Business  
 2621-2623 GRANT ST  
 HOLLYWOOD, FL 33020

Mailing Address  
 2621-2623 GRANT ST  
 HOLLYWOOD, FL 33020

60031849



2. Principal Place of Business - No P.O. Box #  
 910 WEST BROWARD COMM MGMT  
 Suite, Apt. #, etc.  
 11530 STATE ROAD 84  
 City & State  
 DAVIE FL  
 Zip  
 33325  
 Country  
 USA

3. Mailing Address  
 WEST BROWARD COMM MGMT  
 Suite, Apt. #, etc.  
 P O BOX 551390  
 City & State  
 DAVIE FL  
 Zip  
 33355-1390  
 Country  
 USA

01042008 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-2397748

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PERREAULT, RONALD  
 2621-2623 GRANT ST  
 HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent  
 Name  
 ANGELA FIORE  
 Street Address (P.O. Box Number is Not Acceptable)  
 WEST BROWARD COMM MGMT  
 11530 STATE ROAD 84  
 City  
 DAVIE FL  
 Zip Code  
 33325

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 *Angela Fiore* ANGELA FIORE 4/01/08  
Signature. If used or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	TORCHIA, KAREN	
STREET ADDRESS	4040 N. HILL DR., #39	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	T	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, CRISSIE	
STREET ADDRESS	2623 GRANT ST., #5B	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PERREAULT, RONALD	
STREET ADDRESS	2623 GRANT ST #36	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN TORCHIA	
STREET ADDRESS	4040 N. HILL DRIVE #39	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISSIE DOMINGUEZ	
STREET ADDRESS	11011 SW 69 DRIVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK COUVILLION	
STREET ADDRESS	11923 SW 47 STREET	
CITY-ST-ZIP	COOPER CITY FL 33330	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Karen Torchia President* 4/14/08 KAREN TORCHIA 954-472-3820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #