

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

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

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

<b>DOCUMENT # 712063</b> 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	
2. Principal Place of Business - No P.O. Box # 910 WEST BROWARD COMM MGMT		3. Mailing Address WEST BROWARD COMM MGMT		60031849 	
Suite, Apt. #, etc. 11530 STATE ROAD 84		Suite, Apt. #, etc. P O BOX 551390		01042008 Chg-NP CR2E037 (12/06)	
City & State DAVIE FL		City & State DAVIE FL		4. FEI Number 59-2397748	
Zip 33325		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 4/01/08 <small>(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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TORCHIA, KAREN 4040 N. HILL DR., #39 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KAREN TORCHIA 4040 N. HILL DRIVE #39 HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DOMINGUEZ, CRISSIE 2623 GRANT ST., #5B HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CRISSIE DOMINGUEZ 11011 SW 69 DRIVE MIAMI FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PERREAULT, RONALD 2623 GRANT ST #36 HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARK COUVILLON 11923 SW 47 STREET COOPER CITY FL 33330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 4/14/08 954-472-3820 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					