

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90826 003 \*\*\*\*61.25



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

Principal Place of Business  
**2621 & 2623 GRANT STREET  
HOLLYWOOD FL 33020**

Mailing Address  
**2621 & 2623 GRANT STREET  
HOLLYWOOD FL 33020**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
**2623 GRANT ST, #5A**  
Suite, Apt. #, etc.  
**HOLLYWOOD, FL**  
City & State

Zip  
**33020**

Country  
**USA**

4. FEI Number **59-2397748**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**GROSSINGER, YVES**  
**2621 GRANT ST.**  
**APT. 12B**  
**HOLLYWOOD FL 33020**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>THIBODEAU, RAYMONDE</b> <b>2621 GRANT ST #12B</b> <b>HOLLYWOOD FL 33020</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GROSSINGER, YVES</b> <b>2621 GRANT ST #12B</b> <b>HOLLYWOOD FL 33020</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YARGEAU, FRANCE</b> <b>2623 GRANT ST #5A</b> <b>HOLLYWOOD FL 33020</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THIBODEAU, JEAN</b> <b>2623 GRANT ST #1B</b> <b>HOLLYWOOD FL 33020</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MRCEAU, JAQUES</b> <b>2623 GRANT ST #4B</b> <b>HOLLYWOOD FL 33020</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAUPERT, ROBERT</b> <b>2623 GRANT ST #6B</b> <b>HOLLYWOOD FL 33020</b>	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>YARGEAU, FRANCE</b> <b>2623 GRANT ST, #5A</b> <b>HOLLYWOOD, FL 33020</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JERRY CANNIS</b> <b>2623 GRANT ST, #4A</b> <b>HOLLYWOOD, FL 33020</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>ANTHONY CANNIS</b> <b>2623 GRANT ST, #3A</b> <b>HOLLYWOOD, FL 33020</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>GEORGE ANGRISANO</b> <b>2621 GRANT ST, #10A</b> <b>HOLLYWOOD, FL 33020</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *France Yargeau Treasurer* 02-15-2003 954-564-0006

CR2E037 (10/02)