2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 28, 2006 8:00 am Secretary of State **DOCUMENT #713586** 04-28-2006 90169 042 ****61.25 1. Entity Name CRYSTAL LAKE 4061 ASSOCIATION, INC., (A CONDOMINIUM ASSOCIATION) Principal Place of Business Mailing Address 40069233 4061 NW 9TH AVE 500 NE SPANISH RIVER BLVD POMPANO BEACH, FL 33064 SUITE #18 BOCA RATON, FL 33431 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-1234028 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIS, ERNEST W Street Address (P.O. Box Number is Not Acceptable) 500 NE SPANISH RIVER BLVD. **SUITE #18** BOCA RATON, FL 33431 City 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 9. Election Campaign Financing ~≥Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DP TITLE ☐ Delete TITLE 57 Change ☐ Addition Anderw KONDOLEON, ANDREW NAME NAME Kondoleon #206 4061 NW 9TH AVENUE, #206 STREET ADDRESS 7001 NVO 9 STREET ADDRESS POMPANO BEACH, FL 330641807 CITY-ST-ZIP CITY-ST-7IP SD Delete Addition TITLE TITLE Pejovic, Alexandra 4061 N.W. 9th Auc., #201 HASSLER, RICHARD NAME NAME STREET ADDRESS 4061 N.W. 9 AVENUE, #106 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, Ft. 33064 CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete NAME JUHASZ, ATTILA NAME 5137 NW 49TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33073 CITY-ST-ZIP TITLE □ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED