


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

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90032 033 \*\*\*\*61.25

<b>DOCUMENT # 715884</b>			
1. Entity Name CRYSTAL LAKE 4100 ASSOCIATION, INC.			
Principal Place of Business 4100 CRYSTAL LAKE DR. 306 POMPANO BEACH, FL 33064 US		Mailing Address 4100 CRYSTAL LAKE DR. 306 POMPANO BEACH, FL 33064 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BURCHELL, SHARON A 4100 CRYSTAL LAKE DR #403 POMPANO BEACH, FL 33064		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (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. <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	P BURCHELL, SHARON A 4100 CRYSTAL LAKE DR APT 403 POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRISON, PATRICIA A 4100 CRYSTAL LAKE DR APT 411 POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSMER, MARGARET 4100 CRYSTAL LAKE DR, APT. 206 POMPANO BEACH, FL. 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUHN, MARIE 4100 CRYSTAL LAKE DR APT 309 POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN, ROBERT 4100 CRYSTAL LAKE DR. APT 405 POMPANO BEACH, FL. 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, ANNA 4100 CRYSTAL LAKE DR POMPANO BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANDOSKY, FRAN 4100 CRYSTAL LAKE DR, APT 209 POMPANO BEACH, FL. 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUSK, ROBERT 4100 CRYSTAL LAKE DR POMPANO BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'LEARY, MICHAEL 4100 CRYSTAL LAKE DR APT 306 POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP and Treasurer O'LEARY, MICHAEL 4100 CRYSTAL LAKE DR, APT. 306 POMPANO BEACH, FL. 33064 <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 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: <u>Sharon A. Burchell</u> - SHARON A. BURCHELL		Date: <u>1/24/08</u> Daytime Phone #: <u>954-782-9832</u>	