2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #715884



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Jan 31, 2008 8:00 an	m
Secretary of State	

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CRYSTA	L LAKE 4100 ASSOCIATIO	N, INC.			_	01-31-20	00 70032	055	01.23
4100 CRYST 306	se of Business AL LAKE DR. SEACH, FL 33064 US	Mailing Address 4100 CRYSTAL LAKE DI 306 POMPANO BEACH, FL			4.	APRI 21121 / 1819) (BIH BIA	Y 81211 BISH BISH	ı Bibli 2:011 Gi	e :::41 01 1031
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	·						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	••		01232008	Chg-NP	CR2E03	7 (12/06)	
City & Stat	ee .	City & State	·		4. FEI Number 59-1437				pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		8.75 Ad	
	6. Name and Address of Current	Registered Agent			7. Name and /	Address of New R	legistered A	gent	
BURCHEL	L, SHARON A		Name						
	STAL LAKE DR		Street	Address (f	P.O. Box Number	r is Not Acceptable	e)		
	D BEACH, FL 33064								
	·		City		 		FL	Zip Cox	de
	named entity submits this statement for	or the purpose of changing its	registered office of	or registere	ed agent, or both	n, in the State of Flo		<u>l</u> emiliar with	, and accept
the obligat	tions of registered agent.								
SIGNATURE .									
0.0121,01.21	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signi	beniuper eruta	when reinstating)		DATE		
	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2008	· · · · · · · · · · · · · · · · · · ·	npaign Financing		\$5.00 May Be Added to Fees	, N Flor	lake check		
10.	Filing Fee is \$61.25	9. Election Carr Trust Fund C	npaign Financing		\$5.00 May Be Added to Fees	N Flor	lake check rida Depart	ment of S	itate
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I nereby certify that the information supplied with this filling 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 eath; 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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date of SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR