

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 715884

Entity Name: CRYSTAL LAKE 4100 ASSOCIATION, INC.

Current Principal Place of Business:

4100 CRYSTAL LAKE DR.
306
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

4100 CRYSTAL LAKE DR.
POMPANO BEACH, FL 33064 US

Current Mailing Address:

4100 CRYSTAL LAKE DR.
306
POMPANO BEACH, FL 33064 US

New Mailing Address:

FEI Number: 59-1437296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURCHELL, SHARON A
4100 CRYSTAL LAKE DR
#403
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURCHELL, SHARON A
Address: 4100 CRYSTAL LAKE DR APT 403
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: MESSMER, MARGARET
Address: 4100 CRYSTAL LAKE DR APT 206
City-St-Zip: POMPANO BEACH, FL 33064

Title: S () Delete
Name: KUHN, MARIE
Address: 4100 CRYSTAL LAKE DR APT 309
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: BENJAMIN, ROBERT
Address: 4100 CRYSTAL LAKE DR APT 405
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: NANOSKY, FRAN
Address: 4100 CRYSTAL LAKE DR APT 209
City-St-Zip: POMPANO BEACH, FL 33064

Title: VPT () Delete
Name: O'LEARY, MICHAEL
Address: 4100 CRYSTAL LAKE DR APT 306
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON A. BURCHELL

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date