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FILED

Apr 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716814 (9)

1. Corporation Name

CRYSTAL COURT MANOR NO. 14 CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

1550 NORTH 12 COURT
HOLLYWOOD FL 330191550 NORTH 12 COURT
HOLLYWOOD FL 33019-32643. Date Incorporated or Qualified
06/30/19693a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

Broward

29

30

Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHAEFER, FRED H.
1550 N. 12TH COURT
HOLLYWOOD FL 33019

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ISABELLA, JAMES	
STREET ADDRESS	1550 N 12TH COURT	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	FACCI, ROY	
STREET ADDRESS	1550 N 12TH COURT	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	THRANE, FREDERICK	
STREET ADDRESS	1550 N 12TH COURT	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VISCARDI, SEBASTIAN	
STREET ADDRESS	1550 N 12 CT	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	BARNES, FREDRIC	
STREET ADDRESS	1550 N 12TH COURT	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LAJOIE, ANDRE	
STREET ADDRESS	1550 N 12TH COURT	
CITY - ST - ZIP	HOLLYWOOD FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROY FACCI	
1.3 STREET ADDRESS	1550 N 12th CT 4-B	
1.4 CITY - ST - ZIP	Hollywood, FL 33019	
2.1 TITLE	VT Peter Bonavito	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1550 N 12th CT 2A	
2.4 CITY - ST - ZIP	Hollywood, FL 33019	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sebastian Viscardi	
3.3 STREET ADDRESS	1550 N 12th CT 2-B	
3.4 CITY - ST - ZIP	Hollywood, FL 33019	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sebastian Viscardi	
4.3 STREET ADDRESS	1550 N 12th CT 2-B	
4.4 CITY - ST - ZIP	Hollywood, FL 33019	
5.1 TITLE	AST FREDRIC BARNES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	1550 N 12th CT 8-B	
5.4 CITY - ST - ZIP	Hollywood, FL 33019	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0023494

CR2E037 (9/96)