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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716814

1. Corporation Name
CRYSTAL COURT MANOR NO. 14 CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
1550 NORTH 12 COURT HOLLYWOOD FL 33019	1550 NORTH 12 COURT HOLLYWOOD FL 33019

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/30/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 06-0095868 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: MARY ANN Isabella
82 Street Address (P.O. Box Number is Not Acceptable): 1554 N 12th CT 9A
83
84 City: Hollywood FL 85 Zip Code: 33019

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: Maryann Isabella — Mar 10, 99
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROY FACCI		1.2 NAME		
STREET ADDRESS	1550 N 12TH CT 4-B		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PETER BONAVITA		2.2 NAME		
STREET ADDRESS	1550 N 12TH CT 2A		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SEBASTIAN VISCARDI		3.2 NAME		
STREET ADDRESS	1550 N12TH CT 2B		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		3.4. CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	DT MARYANN ISABELLA	☐ Change ☒ Addition
NAME	VISCARDI, SEBASTIAN		4. 2 NAME		
STREET ADDRESS	1550 N 12TH CT 2B		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP		
TITLE	SDA	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARNES, FREDRIC		5.2 NAME		
STREET ADDRESS	1550 N 12TH CT 8B		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	6.1 TITLE	ANGELO PASCIULLA	☐ Change ☒ Addition
NAME	LAJOIE, ANDRE		6.2 NAME		
STREET ADDRESS	1550 N 12TH COURT		6.3 STREET ADDRESS	1554 N 12th CT 15A	
CITY-ST-ZIP	HOLLYWOOD FL		6.4 CITY-ST-ZIP	Hollywood, Fl 33019	

C:R2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Sebastian Viscardi REQUIRED SEBASTIAN VISCARDI 3/8/99 954-920 0166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #