FILED

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am Secretary of State **DOCUMENT #** 716814 03-31-2002 90355 003 ****61.25 1. Entity Name CRYSTAL COURT MANOR NO.14 CONDOMINIUM, DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1550 North 12th Court 1550 North 12th Court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Hollywood Hollywood Not Applicable .06-0095868 Zip Country Country 33019 \$8.75 Additional Broward 33019 5. Certificate of Status Desired Broward 7. Name and Address of Current Registered Agent _ Maryann_Hosier DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1554 North 12th Court, Unit 9A Hollywood 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. **SIGNATURE** (NOTE: Registered Agent signature required when reinstation) FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to Initial or Amended UBR Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS TITLE P/D TITLE NAME NAME Samuel B. Vavonese STREET ADDRESS STREET ADDRESS 1554 N.12th Ct., 11A Hollywood, FT. 33019 CITY-ST-ZIP CITY-ST-ZIP TILE V/D !ΠF NAME Gloria Bellusci MASSE STREET ADDRESS STREET ADDRESS 1554 N.12th Ct., 12B CITY-ST-ZIP CITY-ST-ZIP Hollywood, FT 33019 S/D_ MALIE Maryann Hosier NAME STREET ADDRESS STREET ADDRESS 1-554-N.-12th-Ct.-,--9A DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP Hollywood, FL 33019 TILE IN THIS SPACE NAME NAME Sebastian Viscardi STREET ADORESS STREET ADDRESS 1550 N.12th Ct., 2B CITY-ST-ZIP CITY-ST-ZIP Hollywood, FL 33019 TITLE TITLE NAME NAME Angelo Pasciolla

Hollywood, FL 33019 12. 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 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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

me

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

1554 N.12th Ct., 15A

Hollywood, FL 33019

1550 N.12th Ct., 3B

Richard Lawlor

electran