

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

1996 3-1596 B-2318 DIVISION OF CORPORATIONS C

DOCUMENT # 716815 (6)

1. Corporation Name

CRYSTAL COURT MANOR NO. 15 CONDOMINIUM, INC.

Principal Place of Business

1555 N 12TH COURT
HOLLYWOOD FL 33019-3218

Mailing Address

1555 N 12TH COURT
HOLLYWOOD FL 33019-3218



3. Date Incorporated or Qualified
06/30/1969

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-1761594

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAGISTRINI, FRANK
1555 N. 12TH CT., APT. 5B
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 transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME TD
STREET ADDRESS MAGISTRINI, FRANK
CITY-ST-ZIP 1555 N 12 CT
HOLLYWOOD FL

TITLE ☐ DELETE
NAME BLAIS, PAUL
STREET ADDRESS 1551 N 12 CT
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE
NAME VPD
STREET ADDRESS CHARBANNEAU, LOU
CITY-ST-ZIP 1551 N 12 CT
HOLLYWOOD FL

TITLE ☒ DELETE
NAME SD
STREET ADDRESS WELSCH, LINDA
CITY-ST-ZIP 1551 N 12 CT
HOLLYWOOD FL

TITLE ☐ DELETE
NAME DS
STREET ADDRESS MOREA, ROSE
CITY-ST-ZIP 1555 N 12 CT
HOLLYWOOD FL

TITLE ☒ DELETE
NAME D
STREET ADDRESS PASCIOLLA, A
CITY-ST-ZIP 1555 N 12 CT
HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☒ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Frank Magistrini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96
Date Daytime Phone #

CR2E037 (12/95)