

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90077 001 ****61.25

DOCUMENT # 716815

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

06/30/1969

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

9. Name and Address of Current Registered Agent

MAGISTRINI, FRANK
1555 N. 12TH CT., APT. 5B
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

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

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE PD
NAME ANNUNGIATA, MARTIN
STREET ADDRESS 1555 N. 12TH CT.
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

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

☒ DELETE

TITLE D
NAME MONTEMARNE, ARMY
STREET ADDRESS 1551 N 12TH COURT
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

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

DS
WELSH, MILDRED
1551 N. 12TH CT.
HOLLYWOOD, FL.

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: *X Frank Magistrini* SIGNATURE REQUIRED: FRANK MAGISTRINI 3/12/99 (954) 921-8394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)