

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90030 013 \*\*\*\*61.25

**DOCUMENT # 716815**

1. Entity 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

54023588



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1761594

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **BAKER, WILLIAM**  
STREET ADDRESS **1555 N. 12TH CT**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MOREA, ROSE**  
STREET ADDRESS **1555 N 12TH COURT**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS** ☐ Delete  
NAME **WELSCH, MILDRED**  
STREET ADDRESS **1551 N. 12TH CT**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **ADELAIOA, ORTON**  
STREET ADDRESS **1551 N 12TH COURT**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Change ☒ Addition  
NAME **D CAROL SCHUB**  
STREET ADDRESS **1555 N. 12 CT**  
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE **D** ☒ Delete  
NAME **BROSS, MATHEW**  
STREET ADDRESS **1551 N 12TH CT.**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☒ Change ☐ Addition  
NAME **D NANCY MOORE**  
STREET ADDRESS **1555 N. 12 CT.**  
CITY-ST-ZIP **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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Magistrini FRANK MAGISTRINI

DATE: MAR 24 - 2004 (954) 921-8394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #