

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90029 028 ****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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1761594

Applied For

Not Applicable

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

Frank Magistrini

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	MAGISTRINI, FRANK	
STREET ADDRESS	1555 N 12 CT	
CITY - ST - ZIP	HOLLYWOOD FL	

TITLE	P	<input type="checkbox"/> Delete
NAME	BAKER, WILLIAM	
STREET ADDRESS	1555 N. 12TH CT	
CITY - ST - ZIP	HOLLYWOOD FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	MANGRELLA, GARY	
STREET ADDRESS	1551 N. 12TH CT, APT. 13B	
CITY - ST - ZIP	HOLLYWOOD FL 33019	

TITLE	DS	<input type="checkbox"/> Delete
NAME	CROSSMAN, PHYLIS	
STREET ADDRESS	1555 N. 12TH CT., APT. 6A	
CITY - ST - ZIP	HOLLYWOOD FL 33019	

TITLE	DS	<input type="checkbox"/> Delete
NAME	SORGENTE, ANNA	
STREET ADDRESS	1555 N. 12TH CT., APT. 7A	
CITY - ST - ZIP	HOLLYWOOD FL 33019	

TITLE	DVP	<input type="checkbox"/> Delete
NAME	SCHUG, CAROL	
STREET ADDRESS	1555 N. 12TH CT.	
CITY - ST - ZIP	HOLLYWOOD FL 33019	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAMARIS - VALOEZ	
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

MARCH 1-2007

954-921-8394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #