

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726683** (6)  
1. Corporation Name  
**CRYSTAL CONDOMINIUM APTS. INC**

Principal Place of Business	Mailing Address
<b>30 SE FOURTH AVENUE HALLANDALE FL 33009</b>	<b>30 SE FOURTH AVENUE HALLANDALE FL 33009</b>

3. Date Incorporated or Qualified

**06/12/1973**

4. FEI Number

**59-1755409**

Applied For  
Not Applicable

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

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICHEL, CATHERINE E  
30 SE 4TH AVENUE  
HALLANDALE FL 33009**

81 Name

**CARINA KREMER**

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

**10 ASSOCIATION MANAGEMENT GROUP**

83

**500 WEST CYPRESS CREEK #230**

84 City

**FOOT LAUDERDALE**

FL

85 Zip Code

**33309**

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]*

**CARINA KREMER MANAGER**

**3/23/98**

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PUTMAN, JASMINE</b>	
STREET ADDRESS	<b>P.O. BOX 840833 N/A</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	

1.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>SIMERA, MICHAEL</b>	
1.3 STREET ADDRESS	<b>30 SE 4TH AVE, APT. 208</b>	
1.4 CITY-ST-ZIP	<b>HALLANDALE, FL 33009</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MICHEL, CATHERINE</b>	
STREET ADDRESS	<b>30 SE 4 AVE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	

2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ALIPOUR, KOROSH</b>	
2.3 STREET ADDRESS	<b>481 IVES DAIRY RD, APT. 405D</b>	
2.4 CITY-ST-ZIP	<b>NORTH MIAMI, FL 33179</b>	

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DUNN, GLORIA</b>	
STREET ADDRESS	<b>30 SE 4TH AVENUE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	

3.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>HANKIN, RONALD</b>	
3.3 STREET ADDRESS	<b>30 SE 4TH AVE, APT 202</b>	
3.4 CITY-ST-ZIP	<b>HALLANDALE, FL 33009</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>PUTMAN, MARK</b>	
STREET ADDRESS	<b>PO BOX 840833 N/A</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	

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

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>CUMMINGS, ROSLYN</b>	
STREET ADDRESS	<b>215 S.E. 3RD AVE.</b>	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	

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

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

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

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.

SIGNATURE: *[Signature]* **MICHAEL SIMERA 2/26/98 458-7108**

CR2E037 (1097)