

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90074 042 \*\*\*\*61.25

**DOCUMENT # 726683**

1. Entity Name  
CRYSTAL CONDOMINIUM APTS. INC



Principal Place of Business  
30 SE FOURTH AVENUE  
HALLANDALE, FL 33009 US

Mailing Address  
C/O STATE REALTY  
5505 PEMBROKE ROAD  
HOLLYWOOD, FL 33021 US

40104983



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-1755409

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

STATE REALTY  
5505 PEMBROKE ROAD  
HOLLYWOOD, FL 33021

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

Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete  
NAME AVERSA, PAUL  
STREET ADDRESS 30 SE 4TH AVENUE, APT 204  
CITY-ST-ZIP HALLANDALE, FL 33009

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

TITLE VD ☐ Delete  
NAME MICHAEL, CATHERINE  
STREET ADDRESS 30 SE 4TH AVENUE, APT 205  
CITY-ST-ZIP HALLANDALE, FL 33009

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

TITLE T ☐ Delete  
NAME RAGGO, PAT  
STREET ADDRESS 30 SE 4TH AVENUE, APT 102  
CITY-ST-ZIP HALLANDALE, FL 33009

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

TITLE S ☒ Delete  
NAME HERNANDEZ, MIRIAM  
STREET ADDRESS 30 SE 4TH AVENUE, APT 104  
CITY-ST-ZIP HALLANDALE, FL 33009

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

TITLE ☐ Delete  
NAME GEORGE DEL RIO  
STREET ADDRESS 1630 ADAMS ST  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Change ☒ Addition  
NAME GEORGE DEL RIO  
STREET ADDRESS 1630 ADAMS ST  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Chapter 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: *Pat Raggo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #