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Apr 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762561 (9)

1. Corporation Name

CRYSTAL LAKE PARADISE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

1177 KANE CONCOURSE
SUITE 104
BAY HARBOR ISLANDS FL 33154

1177 KANE CONCOURSE
SUITE 104
BAY HARBOR ISLANDS FL 33154-2026



3. Date Incorporated or Qualified
03/23/1982

3a. Date of Last Report
04/15/1996

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

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number
65-0093617

Applied For
Not Applicable

5. Certificate of Status Desired ☐
6. Election Campaign Financing
Trust Fund Contribution ☐

\$8.75 Additional
Fee Required
\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

SABATINO, JAMES R.
1177 KANE CONCOURSE
SUITE 104
BAY HARBOR ISLANDS FL 33154

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	PTD	<input checked="" type="checkbox"/> DELETE
NAME	DROUIN, LEON	
STREET ADDRESS	280-180 STREET	
CITY-ST-ZIP	ST GEORGES, QUE, CAN	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	DUTIL, MARCEL	
STREET ADDRESS	11535 1ST AVE	
CITY-ST-ZIP	ST GEORGES, QUE, CAN	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DUTIL, MARC	
STREET ADDRESS	10585 LACROIX BLVD	
CITY-ST-ZIP	ST. GEORGES, QUE, CAN	
TITLE	Director - Secretary	<input type="checkbox"/> DELETE
NAME	DUTIL, ANNE-MARIE	
STREET ADDRESS	6742 DEERSPRING LANE	
CITY-ST-ZIP	MIDDLETOWN MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marcel Blouin	
1.3 STREET ADDRESS	1177 Kane Concourse, #104	
1.4 CITY-ST-ZIP	Bay Harbor Island, FL. 33154	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dutil, Marcel	
2.3 STREET ADDRESS	1177 Kane Concourse, #104	
2.4 CITY-ST-ZIP	Bay Harbor Island, FL. 33154	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 do 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: *ANNE-MARIE DUTIL* ANNE-MARIE DUTIL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97
Date

301-371-8481
Daytime Phone # 0030890

CR2E037 (9/96)