


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90070 002 ***150.00

DOCUMENT # L81963					
1. Entity Name CRYSTAL BEACH CLUB MANAGEMENT COMPANY, INC.					
Principal Place of Business 6985 COLLINS AVE. MIAMI BEACH, FL 33141-3205		Mailing Address 5000 AVENUE OF THE STARS KISSIMMEE, FL 34746 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 65-0283939	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEYERS, HILLEL 5000 AVENUE OF THE STARS KISSIMMEE, FL 34746			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTC <input type="checkbox"/> Delete	TITLE	PSC D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEYERS, HILLEL A	NAME			
STREET ADDRESS	4875 PINE TREE DR	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE			
NAME	SHEPPARD, JENNIFER	NAME			
STREET ADDRESS	4875 PINETREE DR.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	T FINOCCHIARO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FINOCCHIARO, VICTORIA	NAME			
STREET ADDRESS	5000 AVENUE OF THE STARS	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34746	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 607, 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: <i>Hillel Meyers Pres</i>		Date: 1/13/05		Daytime Phone #: 407 997 8000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					