

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90326 035 ***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	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number 65-0283939		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MEYERS, HILLEL 5000 AVENUE OF THE STARS KISSIMMEE FL 34746				7. Name and Address of New Registered Agent			
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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSOD	<input type="checkbox"/> Delete		TITLE		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEPPARD, JENNIFER			NAME			
STREET ADDRESS	4875 PINETREE DR.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input 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	ACCOUNT	AMOUNT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	CONDO-		
STREET ADDRESS				STREET ADDRESS	50		
CITY-ST-ZIP				CITY-ST-ZIP	50631		
TITLE		<input type="checkbox"/> Delete		TITLE	CLUB-	CDM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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: Hillel Meyers Pres 4/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #