


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**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



04262007 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MEYERS, HILLEL  
 5000 AVENUE OF THE STARS  
 KISSIMMEE, FL 34746

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSOD MEYERS, HILLEL A 4875 PINE TREE DR MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHEPPARD, JENNIFER 4875 PINETREE DR. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINOCCHIARO, VICTORIA 5000 AVENUE OF THE STARS KISSIMMEE, FL 34746
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 05/16/07-80064-013 150.00

**DO NOT WRITE IN THIS SPACE**

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 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: Victoria Finocchiaro VICTORIA FINOCCHIARO 4/29/07 407-957-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #