2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000002701

1. Entity Name CRYSTAL BAY AT KINGSWAY CONDOMINIUM ASSOCIATION, INC.



SECRETARY OF STATE DIVISION OF CORPORATIONS

05 NOVRECEIVED NOV U 4:200

Daytime Phone #

ASSOCIATION, INC.								RECEIVED NOV 0 4.2005						
Principal Place of Business 11644 SW EGRET CIRCLE ARCADIA, FL 34269			Mailing Address 11644 SW EGRET CIRCLE ARCADIA, FL 34269											
Principal Place of Business . Mailing Address														
2. Timopari idee di Basiness										IDIII DUIH IBIII I				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					0908	2005	Chg-NP		CR2E03	37 (10/03)	
City & State			City & State						Number 5-1001					pplied For lot Applicable
Zip Country			Zip	Zip Country				5. Certificate of Status Desired S8.75 Additional Fee Required					iditional ed	
			7. Nar	me and	Address of	New Reg	jistered /	Agent						
STAR HOSPITALITY MANAGEMENT, INC. 15510 BURNT STORE ROAD						Name Street Address (P.O. Box Number is Not Acceptable)								
PUNTA GORDA, FL 33955							·		_			····		
						City		FL Zip Code						1
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.														
tile obligat	ions or regist	ered agent.												
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if appli	icable. (NOTE	E: Registered	d Agent signat	ure required	when reinst	tating)			DATE		
														<u>`</u>
Amended AR is \$61.25 9. Election Campaign F Trust Fund Contributi								\$5.00 Added t	May Be o Fees	•			payable iment of S	
10.		OFFICERS AND DIR	ECTORS		11.		Δ	ADDITIO	NS/CHA	NGES TO O	FFICERS	AND DIF	RECTORS I	N 10
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NAME CARCEL ADDOCCO	HARRIS,				NAME			•		•				
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CITY-ST-ZIP ARCADIA, FL 34269				STREE CITY-5			لم ا	أمما	_	ZU		1 =	гДГ.	na l
12. Thereby o	ertify that the	e information supplied with	this filing o	does not qualify for	the exer	mption sta	ted in Sec	ction 119	3.07(3)(i)	. Florida Sta	tutes. I fi	urther cert	م ب 7 − د ifv that the	information
indicated of the cor	on this repor poration or th	t or supplemental report is ne receiver or trustee empor achment with an address, w	true and a wered to e	iccurate and that ri execute this report	ny signat as requir	ure shall h	ave the s	ame leo	ial effect	as if made u	inder oal	th: that La	m an office	r or director

SIGNATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR