


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90149 019 ****61.25

DOCUMENT # N00000002701					
1. Entity Name CRYSTAL BAY AT KINGSWAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 11644 SW EGRET CIRCLE ARCADIA, FL 34269			Mailing Address 11644 SW EGRET CIRCLE ARCADIA, FL 34269		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02282006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-1001069				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STAR HOSPITALITY MANAGEMENT, INC. 15510 BURNT STORE ROAD PUNTA GORDA, FL 33955			7. Name and Address of New Registered Agent Name <u>GATEWAY MANAGEMENT</u> Street Address (P.O. Box Number is Not Acceptable) <u>23081 HARBORVIEW Rd. 2ND FLOOR</u> City <u>PORT CHARLOTTE</u> FL Zip Code <u>33980</u>		
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 <u>Cynthia M. Clark, CAM</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>3/1/06</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME STASI, MAUREEN		<input type="checkbox"/> Delete		
STREET ADDRESS 11644 SW EGRET CIRCLE #702	CITY - ST - ZIP ARCADIA, FL 34269		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME HARRIS, PAUL		<input type="checkbox"/> Delete		
STREET ADDRESS 11644 SW EGRET #607	CITY - ST - ZIP ARCADIA, FL 34269		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T	NAME VANTASSEL, FRED		<input type="checkbox"/> Delete		
STREET ADDRESS 11644 SW EGRET CIR #1106	CITY - ST - ZIP ARCADIA, FL 34269		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE MAL	NAME ACHEY, PAUL J		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 11644 S.W. EGRET CIRCLE, #208	CITY - ST - ZIP LAKE SUZY, FL 34269		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE TD	NAME VANTASSELL, FRED		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 11644 SW EGRET CIRCLE #1106	CITY - ST - ZIP ARCADIA, FL 34269		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S	NAME LENHARTZ, GEORGE		<input type="checkbox"/> Delete		
STREET ADDRESS 11644 SW EGRET CIRCLE	CITY - ST - ZIP ARCADIA, FL 34269		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, 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: <u>[Signature]</u> Date <u>3/1/2006</u> Daytime Phone # _____		