


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90169 031 ****61.25

| | | | | | |
|--|-------------------------------|--|---|---|--|
| DOCUMENT # N00000004458 1. Entity Name CRISTAL CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 1907/1919 HWY A1A INDIAN HARBOR BCH, FL 32937 | | | Mailing Address 1980 N ATLANTIC AVENUE #701 COCOA BEACH, FL 32931 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3662527 | |
| 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 | |
| DAVIS, PETEY 1980 N ATLANTIC AVENUE, #701 COCOA BEACH, FL 32931 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | | | State 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 _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | STD | | TITLE | | |
| NAME | COMPARATO, JOSEPH | | NAME | | |
| STREET ADDRESS | 1919 HWY A1A #304 | | STREET ADDRESS | | |
| CITY-ST-ZIP | INDIAN HARBOR, FL 32937 | | CITY-ST-ZIP | | |
| TITLE | PD | | TITLE | | |
| NAME | RAHBAR, RANDY | | NAME | | |
| STREET ADDRESS | 1919 HWY A1A, #304 | | STREET ADDRESS | | |
| CITY-ST-ZIP | INDIAN HARBOR, FL 32937 | | CITY-ST-ZIP | | |
| TITLE | VPD | | TITLE | | |
| NAME | BURGESS, PETER | | NAME | | |
| STREET ADDRESS | 1919 HWY A1A #402 | | STREET ADDRESS | | |
| CITY-ST-ZIP | INDIAN HARBOR, FL 32937 | | CITY-ST-ZIP | | |
| TITLE | VPD | | TITLE | | |
| NAME | ROHLKE, CHIP | | NAME | | |
| STREET ADDRESS | 1907 HWY A1A #201 | | STREET ADDRESS | | |
| CITY-ST-ZIP | INDIAN HARBOR BEACH, FL 32937 | | CITY-ST-ZIP | | |
| TITLE | VPD | | TITLE | | |
| NAME | RAMOS, VINCENT | | NAME | | |
| STREET ADDRESS | 1907 HWY A1A #203 | | STREET ADDRESS | | |
| CITY-ST-ZIP | SATELLITE BEACH, FL 32937 | | CITY-ST-ZIP | | |
| TITLE | | | TITLE | VPD | |
| NAME | | | NAME | Albert Nuttal | |
| STREET ADDRESS | | | STREET ADDRESS | 1919 HWY A1A #204 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Satellite Beach, FL 32937 | |
| 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>Joseph Comparato Sec.</u> Date: <u>4/10/07</u> Daytime Phone # _____ | | | | | |