


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90332 020 ****61.25

DOCUMENT # N0100000593

1. Entity Name
CRISTELLE CAY CONDOMINIUM ASSOCIATION OF FLORIDA, INC.



Principal Place of Business
**1700 S OCEAN BLVD
 POMPANO BEACH, FL 33062**

Mailing Address
**1700 S OCEAN BLVD
 POMPANO BEACH, FL 33062**

14001131



2. Principal Place of Business
1430 S. Ocean Blvd

3. Mailing Address
1430 S. Ocean Blvd.

Suite, Apt. #, etc.

04222005 Chg-NP CR2E037 (10/03)

City & State
Lauderdale-by-the-Sea, FL

City & State
Lauderdale-by-the-Sea, FL

Zip
33062

Country
USA

Zip
33062

Country
USA

4. FEI Number
65-1102585

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GILMAN, DAVID
 1430 S OCEAN BLVD
 LAND BY THE SEA
 POMPANO BEACH, FL 33062**

7. Name and Address of New Registered Agent

Name
Ron Whiddon

Street Address (P.O. Box Number is Not Acceptable)
1430 S. Ocean Blvd.

City
Lauderdale-by-the-Sea, FL

Zip Code
33062

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 **Ron Whiddon** DATE **April 21, 2005**

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

**Filing Fee Is \$61.25
 Due by May 1, 2005**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GILMAN, DAVID | |
| STREET ADDRESS | 1700 S OCEAN BLVD | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GILMAN, GAIL | |
| STREET ADDRESS | 1700 S OCEAN BLVD | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GILMAN, KIMBERLY | |
| STREET ADDRESS | 1700 S OCEAN BLVD | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------|--|
| TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Guennadi Oks | |
| STREET ADDRESS | 1430 S. Ocean Blvd. #14-A | |
| CITY-ST-ZIP | Lauderdale-by-the-Sea, FL 33062 | |
| TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | James Piper | |
| STREET ADDRESS | 1430 S. Ocean Blvd. #6-A | |
| CITY-ST-ZIP | Lauderdale-by-the-Sea, FL 33062 | |
| TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Shlomo Leibowich | |
| STREET ADDRESS | 1430 S. Ocean Blvd. #7-A | |
| CITY-ST-ZIP | Lauderdale-by-the-Sea, FL 33062 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Stuart Leve | |
| STREET ADDRESS | 1430 S. Ocean Blvd #14-B | |
| CITY-ST-ZIP | Lauderdale-by-the-Sea, FL 33062 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **James Piper**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-23-05** Daytime Phone # **954-684-9330**