

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 20, 2006 8:00 am
Secretary of State

DOCUMENT # N0100000593

1. Entity Name

**CRISTELLE CAY CONDOMINIUM ASSOCIATION OF
FLORIDA, INC.**



04-20-2006 90202 050 ****61.25

Principal Place of Business 1430 S OCEAN BLVD LAUDERDALE-BY-THE-SEA FL 33062 US	Mailing Address 1430 S OCEAN BLVD LAUDERDALE-BY-THE-SEA FL 33062 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 65-1102585	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHIDDON, RON 1430 S OCEAN BLVD LAUDERDALE-BY-THE-SEA FL 33062		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	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 _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OKS, GUENNADI			NAME			
STREET ADDRESS	1430 S OCEAN BLVD #14-A			STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33062			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIPER, JAMES			NAME			
STREET ADDRESS	1430 S OCEAN BLVD #6-A			STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33062			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEIBOWICH, SHLOMO			NAME			
STREET ADDRESS	1430 S OCEAN BLVD #7-A			STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33062			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVE, STUART			NAME			
STREET ADDRESS	1430 S OCEAN BLVD #14-B			STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33062			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Barros, Paul			NAME			
STREET ADDRESS	1430 S Ocean Blvd # 4-A			STREET ADDRESS			
CITY-ST-ZIP	Lauderdale-by-the-Sea FL 33062			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #