

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000000475

1. Entity Name

**CROWN LAKES BUSINESS PARK CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**1526 NW 89TH CT.
MIAMI, FL 33172**

Mailing Address

**1526 NW 89TH CT.
MIAMI, FL 33172**



01222005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-3008310

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, CARLOS
1526 NW 89TH CT.
MIAMI, FL 33172**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DIAZ, CARLOS
STREET ADDRESS	1526 NW 89TH CT.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	S
NAME	RUDD, HAISTEIN
STREET ADDRESS	1520 NW 89TH CT.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	T
NAME	GRANDE, CARLOS
STREET ADDRESS	1568 NW 89TH CT.
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000204218
01/29/05-80059-021 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Diaz

Date

Daytime Phone #

1/21/05 305.599.2888