2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000005681

1. Entity Name

CRISTAL VILLAS CONDOMINIUM ASSOCIATION, INC.



FILED Apr 11, 2008 08:00 Al Secretary of State

Principal Place of Business

3881 SW 147 AVE

#8 MIAMI, FL 33185 Mailing Address

3881 SW 147 AVE

MIAMI, FL 33185



DO NOT WRITE IN THIS SPACE

03152008 No Chg-NP

CR2E037 (4/06)

305-278-8999

4. FEI Number 56-2436927 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, MICHAELL J 3881 SW 147 AVE MIAMI, FL 33185

of the corporation or the rece changed, or on an attachmer

SIGNATURE:

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 see if applicable (NOTE: Registered Agent aignature required when reinstating) DATE					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financin Trust Fund Contribution	79 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARTINEZ, MICHAELL J 3881 SW 147 AVE #8 MIAMI, FL 33185				
TITLE NAME STREET AODRESS CITY-ST-ZIP	SCTR CRUZ, MERCEDES 3871 SW 147 AVE #1 MIAMI, FL 33185				U00000892772 04/23/08-80079-009 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSR ARIAS, IVETTE 3891 SW 146 CT. #14 MIAMI, FL 33185			DO	NOT WRITE
TITLE NAME STREET ADORESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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-end 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					

all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR