## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005681

FILED Apr 27, 2009 Secretary of State

Entity Name: CRISTAL VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3881 SW 147 AVE #8 MIAMI, FL 33185

Current Mailing Address: New Mailing Address:

3881 SW 147 AVE #8 MIAMI, FL 33185

FEI Number: 56-2436927 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTINEZ, MICHAELL J MARTINEZ, MICHAELL J PSDT 3881 SW 147 AVE 48 #8

MIAMI, FL 33185 US MIAMI, FL 33185 US

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.

SIGNATURE: MICHAELL J. MARTINEZ 04/27/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PSTD () Delete
 Title:
 PSDT (X) Change () Addition

 Name:
 MARTINEZ, MICHAELL J
 Name:
 MARTINEZ, MICHAELL J

 Address:
 3881 SW 147 AVE #8
 Address:
 3881 SW 147 AVE #8

 City-St-Zip:
 MIAMI, FL 33185
 City-St-Zip:
 MIAMI, FL 33185

Title: SCTR ( ) Delete Title: ( ) Change ( ) Addition Name: CRUZ, MERCEDES Name:

 Name:
 CRUZ, MERCEDES
 Name:

 Address:
 3871 SW 147 AVE #1
 Address:

 City-St-Zip:
 MIAMI, FL 33185
 City-St-Zip:

Title: TSR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ARIAS, IVETTE
 Name:

 Address:
 3891 SW 146 CT. #14
 Address:

 City-St-Zip:
 MIAMI, FL 33185
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAELL J. MARTINEZ PSDT 04/27/2009