


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90382 031 ****61.25

DOCUMENT # N02000007797 1. Entity Name CRYSTAL POINTE TOWNHOMES ASSOCIATION, INC.					
Principal Place of Business 4460 CRYSTAL LAKE DR DEERFIELD BEACH, FL 33442			Mailing Address 10211 W SAMPLE RD 109 POMPAHO BEACH, FL 33065		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address PO Box 758337 Suite, Apt. #, etc.		
City & State CORAL SPRINGS FL			4. FEI Number 61-1473884		
Zip 33065			Country USA		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			04182008 Chg-NP CR2E037 (12/06)		
6. Name and Address of Current Registered Agent RISDEN, LINDA 3001 NW 106TH AVE CORAL SPRINGS, FL 33065			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P COSCHIGNANO, TONY 4444 CRYSTAL LAKE DRIVE DEERFIELD BEACH, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEANS, BRAD 4448 CRYSTAL LAKE DRIVE DEERFIELD BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOUTOT, LORETTA 4460 CRYSTAL LAKE DR POMPAHO BEACH, FL 33064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONACHEA, DANNY 4401 CRYSTAL LK DR 104 POMPAHO BEACH, FL 33064	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing 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 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: <i>Loretta Boutot</i> LORETTA BOUTOT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 4/24/08 Daytime Phone # 561-488-6311					