


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2008 8:00 am**  
**Secretary of State**

07-16-2008 90010 039 \*\*\*\*61.25

<b>DOCUMENT # N03000004117</b> 1. Entity Name <b>SAN BRIANA AT CRYSTAL LAKES HOMEOWNERS ASSOCIATION, INC.</b>																													
Principal Place of Business <b>4115 CRYSTAL LAKE DR. DEERFIELD BEACH, FL 33064</b>			Mailing Address <b>4115 CRYSTAL LAKE DR. DEERFIELD BEACH, FL 33064</b>																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
<b>BEALL C.S. 4117 CRYSTAL LAKE DR. DEERFIELD BEACH, FL 33064</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																									
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>																													
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PRES</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCMILLAN, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4129 CRYSTAL LAKE DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DEERFIELD BEACH, FL 33064</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">TREASURER</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RUSSELL HINTON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4137 CRYSTAL LAKE DR.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DEERFIELD BEACH, FL 33064</td> <td></td> </tr> </table> </div> </div>						TITLE	PRES	<input type="checkbox"/> Delete	NAME	MCMILLAN, JOHN		STREET ADDRESS	4129 CRYSTAL LAKE DR		CITY - ST - ZIP	DEERFIELD BEACH, FL 33064		TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	RUSSELL HINTON		STREET ADDRESS	4137 CRYSTAL LAKE DR.		CITY - ST - ZIP	DEERFIELD BEACH, FL 33064	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			SEC HOLLANDER, RON 4109 CRYSTAL LAKE DR DEERFIELD BEACH, FL 33064 <input type="checkbox"/> Delete																										
TITLE NAME STREET ADDRESS CITY - ST - ZIP			T PINE, BOBBY 4081 CRYSTAL LAKE DR DEERFIELD BEACH, FL 33064 <input checked="" type="checkbox"/> Delete																										
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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.																													
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
<div style="display: flex; justify-content: space-between;"> <div> <i>July 14, 2008</i> Date         </div> <div>           954-494-5015 Daytime Phone #         </div> </div>																													