

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90245 016 ****61.25

DOCUMENT # N03174

1. Entity Name

CRYSTAL LAKE VILLAS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

8855 SW 27TH STREET
 MIAMI FL 33165

8855 SW 27TH STREET
 MIAMI FL 33165

00064985



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

15439 SW 80ST
 Suite, Apt. #, etc.

15439 SW 80ST
 Suite, Apt. #, etc.

#105

#105

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0673303

Applied For

Not Applicable

Zip

33193

Country

DADE

Zip

FL

Country

33193

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRYSTAL LAKE ASSOCIATION
 15415 SW 80 ST
 #106
 MIAMI FL 33193

Name

CRYSTAL LAKE ASSOCIATION
 Street Address (P.O. Box Number is Not Acceptable)

City

MIAMI

FL

Zip Code

33193

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTD
 CURBELO, ROBERTO, JR.
 8855 SW 27TH ST
 MIAMI FL 33165 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 RODRIGUEZ, OSVALDO
 15415 SW 80 ST #106
 MIAMI FL 33193 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 TEDEDA, ARMANDO
 15415 SW 80 ST #106
 MIAMI FL 33103 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 PEREZ, ALBERT
 15471 SW 80 ST #103
 MIAMI FL 33193 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ALBERT PEREZ
 15471 SW 80ST #103
 MIAMI FL 33193 S.D. ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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: *Osvaldo Rodriguez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)