FILED Jul 02, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) **Secretary of State DOCUMENT # N03174** 1. Entity Name 05-28-2002 91608 018 ****61.25 CRYSTAL LAKE VILLAS CONDOMINIUM ASSOCIATION, INC Principal Place of Business Mailing Address 15439 SW 80TH ST 15439 SW 80TH ST SUITE 105 MIAMI FL 33193 MIAMI FL 33193 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0673303 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRYSTAL LAKE ASSOCIATION Street Address (P.O. Box Number is Not Acceptable) 15439 SW 80TH ST SUITE 105 MIAMI FL 33193 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PTD TITLE Delete TITLE CURBELO, ROBERTO, JR. NAME NAME STREET ADDRESS 8855 SW 27TH ST STREET ADORESS CITY-ST-ZIP MIAMI FL 33165 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TEDEDA, ARMANDO NAME NAME STREET ADDRESS 15415 SW 80 ST #108 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33103 CITY-ST-7/P DIRECTOR DIRECTOR etitle - e TILE "S. Screensed-Siccion Change | Addition PEREZ, ALBERT... NAME NAME -STREET ADDRESS 15471 SW 80 ST #103 STREET ADORESS CITY-ST-ZIP **MIAMI FL 33193** CITY-ST-ZIP TITLE TITLE NAME DIRICIOR NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 eath; 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 10 or Block 11 or Block 11

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SIGNATURE: <u>ARHANDOTTERELO</u>EQUIRED