

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

06 JUN -2 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05102006 Chg-NP CR2E037 (4/06)

<b>DOCUMENT # N03174</b>					
1. Entity Name CRYSTAL LAKE VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 13200 SW 128 ST SUITE B-2 MIAMI, FL 33186			Mailing Address 13200 SW 128 ST SUITE B-2 MIAMI, FL 33186		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0673303	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CRYSTAL LAKE VILLAS CONDO. C/O <del>ALLIED</del> PROPERTY GROUP INC. 13200 SW 128 ST STE B2 MIAMI, FL 33186 <b>ALLIED</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$61.25		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	VD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELGADO, ERICK Y		NAME	Belkis Leal	
STREET ADDRESS	15459 SW 80 ST., #104		STREET ADDRESS	15451 SW 80 ST. #101	
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP	Miami, FL 33193	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ALBERT		NAME		
STREET ADDRESS	15471 SW 80 ST #103		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS, ZORAIDA		NAME		
STREET ADDRESS	15439 SW 80 ST #105		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Albert Perez</u>				5-10-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	