


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-28-2008 90012 036 ****61.25

DOCUMENT # N03174	
1. Entity Name CRYSTAL LAKE VILLAS CONDOMINIUM ASSOCIATION, INC?	

Principal Place of Business 12350 SW 132 CT SUITE 114 MIAMI, FL 33186	Mailing Address 12350 SW 132 CT SUITE 114 MIAMI, FL 33186
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2. Principal Place of Business - No P.O. Box # 12350 SW 132 CT		3. Mailing Address 12350 SW 132 CT	
Suite, Apt. #, etc. Suite #114		Suite, Apt. #, etc. Suite #114	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33186	Country Miami-Dade	Zip 33186	Country Miami-Dade

6. Name and Address of Current Registered Agent EISINGER, DENNIS T 4000 HOLLYWOOD BLVD 265 SOUTH HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, ALBERT 15471 SW 80 ST #103 MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELKIS, LEAL 15451 SW 80 STREET # 101 MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Belkis Leal <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15451 SW 80 ST #101 Miami, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINEZ, OLGA 15451 SW 80 ST # 101 MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Martinez, Olga <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15451 SW 80 ST #101 Miami, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, OSVALDO 15451 SW 80 ST #101 MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rodriguez, Osvaldo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15451 SW 80 ST #101 Miami, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

40034739



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4. FEI Number 65-0673303	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**