

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-19-2000 90293 008 ****61.25

DOCUMENT # N06999

1. Entity Name

CRYSTAL COVE, INC., A CONDOMINIUM

Principal Place of Business

Mailing Address

450 GOLDEN ISLES DRIVE
HALLANDALE FL 33009

450 GOLDEN ISLES DRIVE
HALLANDALE FL 33009-7585



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1110577

Applied For

Not Applicable

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

PEIRONI, EDWARD
450 GOLDEN ISLES DRIVE
HALLANDALE FL 33009

APT - 3-D

Name

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

City

FL

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)

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	PTD	<input type="checkbox"/> Delete
NAME	PEIRONI, EDWARD	PRESIDENT
STREET ADDRESS	450 GOLDEN ISLES DR	TREASURER
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MENARD, MILTON V	vice President
STREET ADDRESS	450 GOLDEN ISLES DR	SECRETARY
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	SABITINO, TORRES	DIRECTOR
STREET ADDRESS	450 GOLDEN ISLES, DR 1-J	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAMIAN, PATRICIA	DIRECTOR
STREET ADDRESS	450 GOLDEN ISLES DRIVE 3F	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, RICHARD	
STREET ADDRESS	450 GOLDEN ISLES DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	ETHEL WEILL	
STREET ADDRESS	450 Golden Isles DR.	
CITY-ST-ZIP	HALLANDALE, FL. DIRECTOR	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Peironi - President
Date _____ Day/Time Phone # _____

CR2E037 19/99