

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90001 050 ****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

2. Principal Place of Business

3. Mailing Address

SAME
 Suite, Apt. #, etc. **1-J**

SAME
 Suite, Apt. #, etc. **SAME**

City & State
HALLANDALE - FL.

City & State
SAME

4. FEI Number
59-1110577

Applied For
 Not Applicable

Zip
33009

Country
BROWARD

Zip
SAME

Country
SAME

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

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 *Edward Peironi, Treasurer* DATE 1/6/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | |
| STREET ADDRESS | 450 GOLDEN ISLES DR | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | MS | <input type="checkbox"/> Delete |
| NAME | MENARD, MILTON V | |
| STREET ADDRESS | 450 GOLDEN ISLES DR | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | SABITINO, TORRES | |
| STREET ADDRESS | 450 GOLDEN ISLES, DR 1-J | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TAMIAN, PATRICIA | |
| STREET ADDRESS | 450 GOLDEN ISLES DRIVE 3F | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | MILLER, RICHARD | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 450 GOLDEN ISLES DRIVE | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | Bills ARTHUR | <input type="checkbox"/> Delete |
| STREET ADDRESS | vice president | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GUIDICE Anthony | |
| STREET ADDRESS | D | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GIANFRANCISCO-F | |
| STREET ADDRESS | D | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STOUTE-NATASHA | |
| STREET ADDRESS | D | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WOSKOW-NANCY | |
| STREET ADDRESS | D | |
| 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: *Edward Peironi* DATE 1/6/02 **954-458-7280**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)