

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90040 046 \*\*\*\*61.25

**DOCUMENT # N06999**  
 1. Entity Name  
**CRYSTAL COVE, INC., A CONDOMINIUM**



Principal Place of Business  
**450 GOLDEN ISLES DRIVE  
 HALLANDALE, FL 33009**

Mailing Address  
**450 GOLDEN ISLES DRIVE  
 HALLANDALE, FL 33009**

**60033229**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03152007 Chg-NP CR2E037 (12/06)

**6. Name and Address of Current Registered Agent**  
**GLAZE AND ASSOCIATES, P.A.  
 1920 E. HALLANDALE BEACH BLVD.  
 HALLANDALE, FL 33009**

**7. Name and Address of New Registered Agent**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 3-18-07

Signature, typed or printed name of registered agent acceptable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	DENIS, CAROL	
STREET ADDRESS	450 GOLDEN ISLES DRIVE #2B	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, RICHARD DR.	
STREET ADDRESS	1400 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES, FL 33145	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HILL, REBECCA	
STREET ADDRESS	450 GOLDEN ISLES DRIVE #2D	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL DENIS	
STREET ADDRESS	450 Golden Isles Dr #2B	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERARD ROSA	
STREET ADDRESS	450 Golden Isles Dr #1J	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA ATAMIAN	
STREET ADDRESS	450 Golden Isles Dr #3F	
CITY-ST-ZIP	HALLANDALE, FL 33009	
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		

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] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_