

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06999

FILED  
May 01, 2008  
Secretary of State

Entity Name: CRYSTAL COVE, INC., A CONDOMINIUM

**Current Principal Place of Business:**

450 GOLDEN ISLES DRIVE  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

450 GOLDEN ISLES DRIVE  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 59-1110577      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GLAZE AND ASSOCIATES, P.A.  
1920 E. HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: DENIS, CAROL  
Address: 450 GOLDEN ISLES DRIVE #2B  
City-St-Zip: HALLANDALE, FL 33009

Title: PD ( ) Delete  
Name: ROSA, GERALD  
Address: 450 GOLDEN ISLES DR #2B  
City-St-Zip: HALLANDALE, FL 33009

Title: VPD ( ) Delete  
Name: ATAMIAN, PATRICIA  
Address: 450 GOLDEN ISLES DR #3F  
City-St-Zip: HALLANDALE, FL 33009

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ROSA, GERARD  
Address: 450 GOLDEN ISLES DRIVE #1J  
City-St-Zip: HALLANDALE, FL 33009

Title: SD (X) Change ( ) Addition  
Name: STOUTE, NATASHA  
Address: 450 GOLDEN ISLES DR #2J  
City-St-Zip: HALLANDALE, FL 33009

Title: VPD (X) Change ( ) Addition  
Name: STOUTE, NATASHA  
Address: 450 GOLDEN ISLES DR #2J  
City-St-Zip: HALLANDALE, FL 33009

Title: TD ( ) Change (X) Addition  
Name: HEINZMANN, ARLENE  
Address: 450 GOLDEN ISLES DR #3D  
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERARD ROSA

PRES

05/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date