

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06999

FILED
Apr 30, 2009
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 ()

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date