


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

03-26-2003 90133 024 ****61.25

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



Principal Place of Business
**450 GOLDEN ISLES DRIVE
1-J
HALLANDALE FL 33009**

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

2. Principal Place of Business
450 GOLDEN ISLES DRIVE

3. Mailing Address
Suite, Apt. #, etc.

City & State
Hallandale Beach FL

City & State

Zip
33009

Country
USA

Zip
Country

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
**PEIRONI, EDWARD
450 GOLDEN ISLES DRIVE
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent
Name **Glass and Associates P.A.**
Street Address (P.O. Box Number, is Not Acceptable)
1920 E. Hallandale Beach Blvd.
Hallandale
City **FL** Zip Code **33009**

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]* **President** DATE **1-10-03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PEIRONI, EDWARD 450 GOLDEN ISLES DR HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MENARD, MILTON V 450 GOLDEN ISLES DR HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABITINO, TORRES 450 GOLDEN ISLES, DR 1-J HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAMIAN, PATRICIA 450 GOLDEN ISLES DRIVE 3F HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FELITA CARRERAS PD PRESIDENT 450 GOLDEN ISLES DR. #3A HALLANDALE, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SABINO TORRES VPD VICE PRESIDENT 450 GOLDEN ISLES DR #2J HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT PATRICIA ATAMIAN 450 GOLDEN ISLES DR #3F HALLANDALE FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ARLENE HEINZMANN 450 GOLDEN ISLES DR #3D HALLANDALE FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PD NATASHA STOUTE 450 GOLDEN ISLES DR #2J HALLANDALE FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **FELITA CARRERAS** DATE **3/12/03** DAYTIME PHONE # **954-458-5284**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)