

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N11694																																																																																																													
1. Entity Name CRYSTAL BEACH CLUB CONDOMINIUM ASSOCIATION, INC.																																																																																																													
Principal Place of Business 6985 COLLINS AVENUE MIAMI BEACH, FL 33141-3205			Mailing Address 5000 AVENUE OF THE STARS KISSIMMEE, FL 34746 US																																																																																																										
2. Principal Place of Business		3. Mailing Address																																																																																																											
Suite Apt #, etc.		Suite, Apt #, etc.		01112005 Chg-NP CR2E037 (10/03)																																																																																																									
City & State		City & State		4. FEI Number 65-0201370																																																																																																									
Zip		Country		Zip																																																																																																									
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																									
6. Name and Address of Current Registered Agent MEYERS, HILLEL 5000 AVENUE OF THE STARS KISSIMMEE, FL 34746				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																									
Make check payable to Florida Department of State																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">STD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FINOCCHIARO, VICTORIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5000 AVENUE OF THE STARS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KISSIMMEE, FL 34746</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PDC</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MEYERS, HILLEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4875 PINE TREE DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BEACH, FL 33140</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHEPPARD, JENNIFER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5000 AVENUE OF THE STARS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KISSIMMEE, FL 34746</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 50%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	STD	<input type="checkbox"/> Delete	NAME	FINOCCHIARO, VICTORIA		STREET ADDRESS	5000 AVENUE OF THE STARS		CITY-ST-ZIP	KISSIMMEE, FL 34746		TITLE	PDC	<input type="checkbox"/> Delete	NAME	MEYERS, HILLEL		STREET ADDRESS	4875 PINE TREE DR.		CITY-ST-ZIP	MIAMI BEACH, FL 33140		TITLE	VPD	<input type="checkbox"/> Delete	NAME	SHEPPARD, JENNIFER		STREET ADDRESS	5000 AVENUE OF THE STARS		CITY-ST-ZIP	KISSIMMEE, FL 34746		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			TITLE	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 life empowered.																																																																																																													
SIGNATURE: <i>Hillel Meyers</i> 4/13/05 407 9978000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																													