


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90086 008 \*\*\*\*61.25

<b>DOCUMENT # N15301</b> 1. Entity Name <b>CRYSTAL POINTE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O A.P.M. 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US</b>			Mailing Address <b>C/O A.P.M. 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US</b>		
2. Principal Place of Business <b>C/O SEACREST SERVICES Suite, Apt. #, etc. SUITE 175 2900 CENTREPARK WEST DR</b>			3. Mailing Address <b>C/O SEACREST SERVICES Suite, Apt. #, etc. 2900 CENTREPARK WEST DR</b>		
City & State <b>WEST PALM BEACH, FL</b>		City & State <b>WEST PALM BEACH, FL</b>		4. FEI Number <b>59-2754051</b>	
Zip <b>33409</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD LAKE WORTH, FL 33461</b>		7. Name and Address of New Registered Agent Name <b>Barbara Lentini</b> Street Address (P.O. Box Number is Not Acceptable) <b>13293 St Tropez Circle</b> <b>Palm Beach Gardens,</b> City <b>PALM BEACH</b> <b>FL</b> Zip Code <b>33410</b>			
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 <u><i>Barbara Lentini</i></u> <span style="float: right;">2/7/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BR VD WALK, GARY 13451 WILLIAM MYERS CT PALM BEACH GARDENS, FL 33410</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SECONTINE, PAT 13302 ST TROPEZ CIRCLE PALM BEACH GARDENS, FL 33410</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD T HAAS, SHELDON 2596 LA CRISTAL CIRCLE PALM BEACH GARDENS, FL 33410</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD D HOFFMAN, THEODORE 13180 CRYSTAL D'ARQUES DR PALM BEACH GARDENS, FL 33410</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD TRUE, KRISTINE 13485 MILES STANDISH PORT PALM BEACH GARDENS, FL 33410</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DELVENTHAL, BRUCE 13214 ST TROPEZ CIRCLE PALM BEACH GARDENS, FL 33410</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HEIKI PARTS 13251 CRISA DR. PALM BEACH GARDENS, FL 33410</b>				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BARBARA Lentini 13293 St Tropez Circle Palm Beach Gardens, FL 33410</b>				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jerry Simon 13250 St Tropez Circle Palm Beach Gardens, FL 33410</b>				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Thomas Koch 26004 LaCristal Circle Palm Beach Gardens, FL 33410</b>				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
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: <u><i>Barbara Lentini</i></u> <b>Barbara Lentini</b> 2/24/06 (561) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					