

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90027 046 ****61.25

DOCUMENT # N15301

1. Entity Name
CRYSTAL POINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**C/O SEACREST SERVICES
2400 CENTRE PARK WEST SUITE 175
WEST PALM BEACH, FL 33409 US**

Mailing Address
**C/O SEACREST SERVICES
2400 CENTRE PARK WEST SUITE 175
WEST PALM BEACH, FL 33409 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2754051

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LENTINI, BARBARA
13293 ST. TROPEZ CIR
PALM BEACH GARDENS, FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Barbara Lentini **Barbara Lentini, Pres. Crystal Pointe HOA**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **3-15-07**

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **WALK, GARY**
STREET ADDRESS **13451 WILLIAM MYERS CT**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **P** ☐ Change ☒ Addition
NAME **BARBARA LENTINI**
STREET ADDRESS **13293 ST. TROPEZ CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **VD** ☐ Delete
NAME **SECONTINE, PAT**
STREET ADDRESS **13302 ST TROPEZ CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **D** ☐ Change ☒ Addition
NAME **JERRY SIMON**
STREET ADDRESS **13250 ST TROPEZ CR**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **T** ☐ Delete
NAME **HAAS, SHELDON**
STREET ADDRESS **2596 LA CRISTAL CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **D** ☐ Change ☒ Addition
NAME **HEINE PARTS**
STREET ADDRESS **13251 CRISA DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **D** ☐ Delete
NAME **HOFFMAN, THEODORE**
STREET ADDRESS **13180 CRYSTAL D'ARQUES DR**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **TRUE, KRISTINE**
STREET ADDRESS **13485 MILES STANDISH PORT**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KOCH, THOMAS**
STREET ADDRESS **2604 LA CRISTAL CIR**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

Barbara Lentini **Barbara Lentini** **3-15-07** **561-622-8279**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #