2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State
02-11-2008 90063 001 ****61.25

DOCUMENT # N15301

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

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

01042008 Chg-NP CR2E037 (12/06)

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

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

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

7. Name and Address of New Registered Agent

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 2-2-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WALK, GARY 13451 WILLIAM MYERS CT PALM BEACH GARDENS, FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR LOUIS ABRAMOW 13305 ST TROPEZ CIRCLE PALM BEACH GARDENS, FL 33410	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SECONTINE, PAT 13302 ST TROPEZ CIRCLE PALM BEACH GARDENS, FL 33410	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR ANTHONY ALLOGIA 13150 CRISA DR PALM BEACH GARDENS, FL 33410	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAAS, SHELDON 2596 LA CRISTAL CIRCLE PALM BEACH GARDENS, FL 33410	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR WENDY BLOMETTI 2519 LALIGUE CT PALM BEACH GARDENS, FL 33410	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFFMAN, THEODORE 13180 CRYSTAL D'ARQUES DR PALM BEACH GARDENS, FL 33410	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRYAN SCHIESL 13423 BRADSFORD WHARF PALM BEACH GARDENS, FL 33410	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TRUE, KRISTINE 13485 MILES STANDISH PORT PALM BEACH GARDENS, FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARBARA LENTINI 13253 ST TROPEZ CIRCLE PALM BEACH GARDENS, FL 33410	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOCH, THOMAS 2604 LA CRISTAL CIR PALM BEACH GARDENS, FL 33410	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JERRY SIMON 13250 ST. TROPEZ CIRCLE PALM BEACH GARDENS, FL 33410	☐ Change ☑ 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: Barbara Lentini Barbara Lentini 2-2-08 561-622-8279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #