

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N17270**

1. Entity Name

**CRYSTAL POINTE CONDOMINIUM ASSOCIATION, INC.****FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90032 010 \*\*\*\*61.25

Principal Place of Business

400 SOUTH 5TH STREET  
COLUMBUS OH 43215

Mailing Address

400 SOUTH 5TH STREET  
COLUMBUS OH 43215-5430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

31-1122046

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MONACD, ROBERT  
4331 N. FED. HWY., SUITE #402-A  
FORT LAUDERDALE FL 33308

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME KOTOGIANNIS, GEORGE J.  
STREET ADDRESS 400 SOUTH FIFTH STREET  
CITY-ST-ZIP COLUMBUS OHTITLE STD ☐ Delete  
NAME PALMER, RANDY  
STREET ADDRESS 400 SOUTH FIFTH STREET  
CITY-ST-ZIP COLUMBUS OHTITLE VD ☐ Delete  
NAME MONACD, ROBERT  
STREET ADDRESS 4331 N FED HWY STE 402-A  
CITY-ST-ZIP FT. LAUDERDALE FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 REQUIRED J. Kontogiannis

1/10/00 (614) 224-2083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #