

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17270

1. Entity Name

CRYSTAL POINTE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

400 SOUTH 5TH STREET
COLUMBUS OH 43215

400 SOUTH 5TH STREET
COLUMBUS OH 43215

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1122046

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KOTOGIANNIS, GEORGE J.
STREET ADDRESS 400 SOUTH FIFTH STREET
CITY-ST-ZIP COLUMBUS OH ☐ Delete

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

TITLE STD
NAME PALMER, RANDY
STREET ADDRESS 400 SOUTH FIFTH STREET
CITY-ST-ZIP COLUMBUS OH ☐ Delete

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

TITLE VD
NAME MONACD, ROBERT
STREET ADDRESS 4331 N FED HWY STE 402-A
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George J. Kotogiannis 4-18-02 (614) 224-2083

Date

Daytime Phone #

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90059 035 ****61.25



DO NOT WRITE IN THIS SPACE

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