## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # N18562 03-21-2007 90036 005 \*\*\*\*61.25 1. Entity Name BANNOCK ASSOCIATION, INC. Mailing Address Principal Place of Business 60026272 5995 BANNOCK TERRACE 5995 BANNOCK TERRACE BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2816142 Applied For City & State City & State Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CRYSTAL COMMUNITY MANAGEMENT INC Street Address (P.O. Box Number is Not Acceptable) 5995 BANNOCK TERR BOYNTON BEACH, FL 33437 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE Delete TITLE PD ☐ Change KRASNER, HAROLD R NAME NAME Charlotte Rodner 11245 BANNOCK AVENUE STREET ADDRESS STREET ADDRESS 11227 Bannock Avenue CITY-ST-ZIP BOYNTON BCH, FL CITY-ST-ZP Boynton Beach, FL VSD Change Addition ☐ Delete TITLE TITLE FEDERMAN, SYLVIA NAME NAME Hans Klein 11246 Bannock Avenue 11275 BANNOCK AVE STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL 33437 CITY-ST-ZIP CITY-ST-ZIP Boynton Beach, FL 33437 TITLE Delete TITLE Golda Freundlich NAME 11256 Bannock Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Boynton Beach, FL 33437 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 1011 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 attach

**FILED** 

Mar 21, 2007 8:00 am

Daytime Phone #

HAROLD KRASKER TREASURER

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: