

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90035 002 \*\*\*\*61.25

<b>DOCUMENT # N22394</b>			
1. Entity Name THE CRICKET CLUBHOUSE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1650 N.E. 115 STREET MIAMI, FL 33181 US		Mailing Address 1650 N.E. 115 STREET MIAMI, FL 33181 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02192004 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0021061

Applied For
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 5201 LAGOON DRIVE 100 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name: HENRY MAURETTE Street Address (P.O. Box Number is Not Acceptable): 1650 NE 115 STREET #FFICE City: NORTH MIAMI City: NORTH MIAMI / FL Zip Code: 33181	
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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]* DATE: 2/26/04  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: SD NAME: BEAN, ALEIDA STREET ADDRESS: 1650 NE 115 STREET, #101 CITY-ST-ZIP: NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE: DIRECTOR NAME: JASON ZELCER STREET ADDRESS: 1650 NE 115 ST. #605 CITY-ST-ZIP: NORTH MIAMI FL 33181	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: AMEROSO, RICARDO STREET ADDRESS: 1650 NE 115 STREET, #309 CITY-ST-ZIP: NORTH MIAMI, FL 33181	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: NADAL, JUAN C STREET ADDRESS: 1650 NE 115 204 CITY-ST-ZIP: MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: TRICOCHÉ, DANNY STREET ADDRESS: 1650 NE 115 STREET, #440 CITY-ST-ZIP: NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PA NAME: MAURETTE, HENRY STREET ADDRESS: 1650 NELL ST 104 CITY-ST-ZIP: MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE: PRESIDENT NAME: MAURETTE, HENRY STREET ADDRESS: 1650 NE 115 STREET # 104 CITY-ST-ZIP: NORTH MIAMI, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 title empowered.

SIGNATURE: *[Signature]* DATE: 2/26/04 305 788-4645  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #