

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

03-26-2007 90053 039 ****61.25

DOCUMENT # N23056 1. Entity Name LA CRISTAL MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business SEACREST SERVICES 2400 CENTRE PARK W. DR #175 WEST PALM BEACH, FL 33409 US			Mailing Address SEACREST SERVICES 2400 CENTRE PARK W. DR #175 WEST PALM BEACH, FL 33409 US		
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 65-0036927	
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		
GALFANO, PHILIP PRES 2547 LA CRISTAL CIRCLE PALM BEACH GARDENS, FL 33410			Name Tom Koch Street Address (P.O. Box Number is Not Acceptable) 2604 LA CRISTAL CIRCLE City Palm Beach Gardens FL Zip Code 33410		
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 Thomas W. Koch Signature, typed or printed name of registered agent and fee if applicable.			DATE 3/12/07 (NOTE: Registered Agent signature required when resigning)		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	D	☐ Delete	TITLE	WANDA MALAS	☐ Change ☒ Addition
NAME	SCHULMAN, BARBARA		NAME	2540 LA CRISTAL CIRCLE	
STREET ADDRESS	2552 LA CRISTAL CIRCLE		STREET ADDRESS	PALM BEACH GARDENS, FL 33410	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	TDSD	☐ Delete	TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	HAAS, SHELDON		NAME	WANDA MALAS	
STREET ADDRESS	2598 LA CRISTAL CR.		STREET ADDRESS	2540 LA CRISTAL CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	PRES	☐ Delete	TITLE		
NAME	KOCH, THOMAS		NAME		
STREET ADDRESS	2604 LACRISTAL CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		
NAME	NORTHUP, WILLARD		NAME		
STREET ADDRESS	2543 LA CRISTAL CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	GALFANO, PHILIP	☒ Delete	TITLE		
NAME			NAME		
STREET ADDRESS	2547 LACRISTAL CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Thomas W. Koch SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 3/12/07 561-776-9699 Date Daytime Phone		

66008536



01182007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0036927

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

GALFANO, PHILIP PRES
2547 LA CRISTAL CIRCLE
PALM BEACH GARDENS, FL 33410

Name **Tom Koch**
Street Address (P.O. Box Number is Not Acceptable)
2604 LA CRISTAL CIRCLE
City **Palm Beach Gardens FL** Zip Code **33410**

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 **Thomas W. Koch** DATE **3/12/07**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$61.25
Due by May 1, 2007

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 **D** ☐ Delete
NAME **SCHULMAN, BARBARA**
STREET ADDRESS **2552 LA CRISTAL CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **WANDA MALAS** ☐ Change ☒ Addition
NAME **2540 LA CRISTAL CIRCLE**
STREET ADDRESS **PALM BEACH GARDENS, FL 33410**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **TDSD** ☐ Delete
NAME **HAAS, SHELDON**
STREET ADDRESS **2598 LA CRISTAL CR.**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **WANDA MALAS**
STREET ADDRESS **2540 LA CRISTAL CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **PRES** ☐ Delete
NAME **KOCH, THOMAS**
STREET ADDRESS **2604 LACRISTAL CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

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

TITLE **D** ☐ Delete
NAME **NORTHUP, WILLARD**
STREET ADDRESS **2543 LA CRISTAL CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

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

TITLE **GALFANO, PHILIP** ☒ Delete
NAME
STREET ADDRESS **2547 LACRISTAL CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **Thomas W. Koch** **THOMAS W. KOCH** DATE **3/12/07** **561-776-9699**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone