

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N37416

1. Entity Name
**CRYSTAL GROVE ESTATES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**P.O. BOX 550165
FT. LAUDERDALE, FL 33355**

Mailing Address
**P.O. BOX 550165
FT. LAUDERDALE, FL 33355**

DO NOT WRITE IN THIS SPACE



02222005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0328787

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRESLAU, ROBERT
11340 SW 25 CT
DAVIE, FL 33325**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	HILL, STUART
STREET ADDRESS	11400 SW 23RD PL.
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	DP
NAME	BRESLAU, ROBERT
STREET ADDRESS	11340 SW 25TH CT
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	DV
NAME	CORY, CHRIS
STREET ADDRESS	11311 SW 25 CT
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/05/05-80022-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Breslau
Robert Breslau

3/1/05
Date

454-627-9200
Daytime Phone #