

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 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**



03202006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
HILL, STUART  
11400 SW 23RD PL.  
DAVIE, FL 33325**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
BRESLAU, ROBERT  
11340 SW 25TH CT  
DAVIE, FL 33325**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
CORY, CHRIS  
11311 SW 25 CT  
DAVIE, FL 33325**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UQUUUU483504  
04/12/06 00001-013 61.25

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/23/06 954-474-5844**

Date

Daytime Phone #