

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 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**



03052007 No Chg-NP CR2E037 (4/06)

**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, 2007**

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000664009  
03/22/07-80027-022 61.25

**DO NOT WRITE  
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

Date

Daytime Phone #