

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43209** (8)

1. Corporation Name

THE NINTH GREEN AT CRYSTAL LAKE CONDOMINIUM ASSO
CIATION, INC.

Principal Place of Business

Mailing Address

4000 CRYSTAL LAKE DR.
STE. #113
POMPANO BEACH FL 33064
US

15450. CHEMIN ST-ROCH
TRACY. QC J3P 5N3

3. Date Incorporated or Qualified

05/01/1991

4. FEI Number

98-0120515

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHNEIDER, JOSEPH L, ESQ.
1720 HARRISON ST.
SUITE 1805
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BEAUCHAMP, JEAN	
STREET ADDRESS	17 EH LAELACA	
CITY-ST-ZIP	ST. SAUVEUR QU	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HEBERT, RAYMOND	
STREET ADDRESS	15450 EH ST ROCH	
CITY-ST-ZIP	TRACY, CANADA J3P5N-3	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREGOIRE, DENIS	
STREET ADDRESS	350 DES PLAINES	
CITY-ST-ZIP	ROSEMERE, QUEBEC	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GIRARD, CELINE	
STREET ADDRESS	720 VEILLON	
CITY-ST-ZIP	BEAUPORT CANADA G1E5V-5	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SOUCY, RAYMOND	
STREET ADDRESS	20 CH SOUS-BIOS	
CITY-ST-ZIP	TRACY J3	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PICHATTE JEAN	
1.3 STREET ADDRESS	7715 CHARLEBOURG	
1.4 CITY-ST-ZIP	QUEBEC, CANADA G1H 4E6	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/98

Date

(450) 780-4041

Daytime Phone #

CR2E037 (5/98)