

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90022 038 ****61.25

DOCUMENT # N43209 ✓

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



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

3. Date Incorporated or Qualified

05/01/1991

4. FEI Number

98-0120515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME BEAUCHAMP, JEAN
STREET ADDRESS 17 EH LAEALACA
CITY-ST-ZIP ST. SAUVEUR QU

TITLE TD ☐ DELETE

NAME HEBERT, RAYMOND
STREET ADDRESS 15450 EH ST ROEH
CITY-ST-ZIP TRAEY, CANADA J3P5N-3

TITLE PD ☐ DELETE

NAME GREGOIRE, DENIS
STREET ADDRESS 356 DES PLAINES
CITY-ST-ZIP ROSEMERIE, QUEBEC

TITLE D ☐ DELETE

NAME PICHATTE, JEAN
STREET ADDRESS 7715 CHARLIEBOURG
CITY-ST-ZIP QUEBEC CA G1H 4

TITLE D ☐ DELETE

NAME SOUCY, RAYMOND
STREET ADDRESS 26 CH SOUS-BIOS
CITY-ST-ZIP TRACY J3

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE BERGERON ROBERT ☐ Change ☒ Addition

1.2 NAME 2600 THIMENS APT 302

1.3 STREET ADDRESS ST-LAURENT, CANADA H4R 2L2

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/02/99 (450) 780-4041
Date Daytime Phone #

CR2E037 (5/99)