

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43209

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

98-0120515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME BERGERON, ROBERT
STREET ADDRESS 2600 THIMENS APT 302
CITY-ST-ZIP ST LAURENT CANADA H4R- 2L2

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME FORTIER, LOUISE
STREET ADDRESS 3040 LEVESQUE #1712
CITY-ST-ZIP TRACY, CANADA J3P5N-3

TITLE ☐ Change ☒ Addition
NAME VILLENEUVE, LUC
STREET ADDRESS 11987 PLACE DES BEAU-BOIS
CITY-ST-ZIP MONTREAL CANADA H4K 2Y6

TITLE ☒ Delete
NAME GREGOIRE, DENIS
STREET ADDRESS 356 DES PLAINES
CITY-ST-ZIP ROSEMERE, QUEBEC

TITLE ☐ Change ☒ Addition
NAME GUIMONT, FRAN
STREET ADDRESS 4340 BOUL. DES COTES
CITY-ST-ZIP QUEBEC CANADA G2A 3K3

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/02 (450) 743-1418
Date Daytime Phone #

CR2E037 (9/01)

009768

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90176 012 ****61.25



DO NOT WRITE IN THIS SPACE