

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N51141** (2)
1. Corporation Name
CRYSTAL BAY ASSOCIATION, INC.

APPROVED
AND
FILED
95 APR 20 AM 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O BAUER MANAGEMENT CORP
2550 W. OAKLAND PK., SUITE 201
FORT LAUDERDALE FL 33311
US

3. Date Incorporated or Qualified **09/30/1992** 3a. Date of Last Report **03/21/1994**
4. FEI Number **65-0420197** Applied For Not Applicable
5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **90 PINES PROPERTY MOT** 26 **90 PINES PROPERTY MOT**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **17340 PINES BLVD** 27 **PO BOX 820100**
City & State City & State
23 **PEMBROKE PINES FL** 28 **SO FLORIDA, FL**
Zip Country Zip Country
24 **33029** 25 Country 29 **33082-0100** 30 Country

9. Name and Address of Current Registered Agent
FANT, ALAN
1401 UNIVERSITY DR.
SUITE 200
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent
81 Name **THOMAS R EVANS JR**
82 Street Address (P.O. Box Number is Not Acceptable) **PINES PROPERTY MOT**
83 **17340 PINES BLVD**
84 City **PEMBROKE PINES FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **THOMAS R EVANS JR - MR** *Thomas R Evans Jr* **3-31-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KELSO, TERI
STREET ADDRESS	1401 UNIVERSITY DR, #200
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	DV
NAME	FANT, ALAN
STREET ADDRESS	1401 UNIVERSITY DR, #200
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	DST
NAME	COSTELLO, RICHARD
STREET ADDRESS	1401 UNIVERSITY DR, #200
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	PRESID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	HARRY MOUTZ
1 3 STREET ADDRESS	17340 SW 4 CT
1 4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029
2 1 TITLE	VICE-PRESID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	R CHUCK BBTWIN
2 3 STREET ADDRESS	17912 NW 15 ST
2 4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029
3 1 TITLE	SEC-TREASD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	RICK UICMANI
3 3 STREET ADDRESS	561 - SW 17RWAY
3 4 CITY-ST-ZIP	PEMBROKE PINES FL 33029
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 (each of us) were an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, had that my name appeared in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alan Fant*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95
SIGN HERE (with arrow pointing left)