

FILE NOW: FILING FEE IS \$61.25

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**May 08 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N51141 (2)

1. Corporation Name
CRYSTAL BAY ASSOCIATION, INC.



Principal Place of Business C/O PINES PROPERTY MANAGEMENT 17340 PINES BLVD. PEMBROKE PINES FL 33029 US	Mailing Address C/O PINES PROPERTY MANAGEMENT 17340 PINES BLVD PEMBROKE PINES FL 33029 US
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3. Date Incorporated or Qualified 09/30/1992	
4. FEI Number 65-0420197	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**EVANS JR., THOMAS R.
17340 PINES BLVD.
% PINES PROBERTY MGMT.
PEMBROKE PINES FL 33071**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MOUITZ, HARRY 17840 SW 4TH CT. PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME			1.2 NAME
STREET ADDRESS			1.3 STREET ADDRESS
CITY - ST - ZIP			1.4 CITY - ST - ZIP
TITLE	DV BOTWIN, CHUCK 17912 NW 15TH ST. PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY - ST - ZIP			2.4 CITY - ST - ZIP
TITLE	STD VIRMANI, RICK 561-SW 178TH WAY PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY - ST - ZIP			3.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DP VIERA, RALPH 17921 SW 4CT PEMBROKE PINES FL 33029
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DT FITZGERALD, LUCETTE 541 SW 178WAY PEMBROKE PINES FL 33029
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DS JOHNSON, JON 411 SW 178WAY PEMBROKE PINES FL 33029
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DVP WEINTRAUB, STUART 540 SW 178WAY PEMBROKE PINES FL 33029
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: President 4-13-98 (954) 920-6010

CFR2E037 (10/97)