

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51141

1. Entity Name

CRYSTAL BAY ASSOCIATION, INC. ✓

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90156 042 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O PINES PROPERTY MANAGEMENT, 17794 SW 2 ST, PEMBROKE PINES FL 33029, US
 Mailing Address: C/O PINES PROPERTY MANAGEMENT, PO BOX 820100, SO FLORIDA FL 33082, US

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

4. FEI Number: 65-0420197 | Applied For: Not Applicable

Zip | Country | Zip | Country

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

EVANS JR., THOMAS R.
 17794 SW 2 ST
 % PINES PROBERTY MGMT.
 PEMBROKE PINES FL 33029

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	DP	<input type="checkbox"/> Delete
NAME	VIERA, RALPH	
STREET ADDRESS	17921 SW 4TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FITZGERALD, LUCETTE	
STREET ADDRESS	541 SW 178TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JOHNSON, JON	
STREET ADDRESS	411 SW 178TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WEINTRAUB, STUART	
STREET ADDRESS	540 SW 178TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: SIGNATURE REQUIRED 7-16-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)