


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N51141**  
1. Entity Name  
**CRYSTAL BAY ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>C/O PINES PROPERTY MANAGEMENT<br/>17794 SW 2 ST<br/>PEMBROKE PINES, FL 33029 US</b> | Mailing Address<br><b>C/O PINES PROPERTY MANAGEMENT<br/>PO BOX 820100<br/>SO FLORIDA, FL 33082 US</b> |
|---|---|



01092004 No Chg-NP CR2E037 (10/03)

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|   |  |
|---|--|
| 4. FEI Number<br><b>65-0420197</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

6. Name and Address of Current Registered Agent  
**EVANS JR., THOMAS R.  
17794 SW 2 ST  
% PINES PROBERTY MGMT.  
PEMBROKE PINES, FL 33029**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

|   |   |
|---|---|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>VIERA, RALPH<br>17921 SW 4TH COURT<br>PEMBROKE PINES, FL 33029        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT-3<br>FITZGERALD, LUCETTE<br>541 SW 178TH WAY<br>PEMBROKE PINES, FL 33029 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>WEINTRAUB, STUART<br>540 SW 178TH WAY<br>PEMBROKE PINES, FL 33029    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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04/19/04-80027-015 61.25

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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]* President 2-10-04 954-620-7459  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #