


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
06 MAY 26 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N51141</b> 1. Entity Name CRYSTAL BAY ASSOCIATION, INC.	
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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
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2. Principal Place of Business 19620 PINES BLVD Suite, Apt. #, etc. 205	3. Mailing Address Suite, Apt. #, etc.
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City & State PEMBROKE PINES Zip 33029 Country USA	City & State City Zip Country
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6. Name and Address of Current Registered Agent EVANS JR., THOMAS R. 17794 SW 2 ST % PINES PROBERTY MGMT. PEMBROKE PINES, FL 33029	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 19620 PINES BLVD SUITE 205 City PEMBROKE PINES FL Zip Code 33029
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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:  DATE: 4-27-06

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$297.50**

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VIERA, RALPH <input checked="" type="checkbox"/> Delete 17921 SW 4TH COURT PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FITZGERALD, LUCETTE <input checked="" type="checkbox"/> Delete 541 SW 178TH WAY PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WEINTRAUB, STUART <input type="checkbox"/> Delete 540 SW 178TH WAY PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; text-align: center;">DRE/S</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HYMSON, CAROL 564 SW 180 AVE PEMBROKE PINES FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition REZMAN MICHAEL 511 SW 178 WAY PEMBROKE PINES FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400076204914 06/14/06 - 01042-012 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SMITH, TODD 17946 SW 4 LT PEMBROKE PINES FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 5/22/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR