


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90045 048 ****61.25

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



Principal Place of Business
19620 PINES BLVD
SUITE 205
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 - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

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
EVANS, THOMAS R JR
19620 PINES BLVD
SUITE 205
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent
Name: ROBERT KAYE ASSOCIATES, P.A.
Street Address (P.O. Box Number is Not Acceptable): 6261 NW 6 HWAY
SUITE 103
City: FT. LAUDERDALE FL Zip Code: 33309

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: *Robert Kaye* President DATE: 4-13-07
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
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	DP HYMSON, CAROL	<input type="checkbox"/> Delete
STREET ADDRESS	564 SW 180 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE NAME	DT REZMAN, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	511 SW 178TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE NAME	DVP WEINTRAUB, STUART	<input type="checkbox"/> Delete
STREET ADDRESS	540 SW 178TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE NAME	DS SMITH, TODD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	17940 SW 4 CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Carol Hymson* DATE: 3-22-07 DAYTIME PHONE #: 954 438-6570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR