

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2009
Secretary of State**

DOCUMENT# N51141

Entity Name: CRYSTAL BAY ASSOCIATION, INC.

Current Principal Place of Business:

19620 PINES BLVD
SUITE 205
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

C/O PINES PROPERTY MANAGEMENT
PO BOX 820100
SO FLORIDA, FL 33082 US

New Mailing Address:

FEI Number: 65-0420197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS & GOLDWYN, P.A.
2 SOUTH UNIVERSITY DR STE 210
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HYMSON, CAROL
Address: 564 SW 180 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DT () Delete
Name: MELENDER, SAL
Address: 17831 SW 4 COURT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DVP () Delete
Name: WEINTRAUB, STUART
Address: 540 SW 178TH WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: SANTANA, DIANA
Address: 504 SW 180 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CORDERO, JACKIE
Address: 524 SW 180 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Change (X) Addition
Name: PEREZ, ALEXANDER
Address: 541 SW 178 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL HYMSON

DP

04/24/2009

Electronic Signature of Signing Officer or Director

Date