

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000002838 1. Entity Name CRYSTAL PARK OWNERS ASSOCIATION, INC.	
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Principal Place of Business 1919 NW 40TH COURT A POMPANO BEACH, FL 33064	Mailing Address 6850 NINETEEN MILE STERLING HEIGHTS, MI 48314
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01312006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1437047	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MANCINI, DANIEL C 1919 NW 40TH CT POMPANO BEACH, FL 33064

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6. 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 reinstating)	DATE _____
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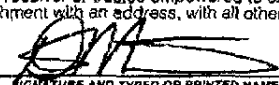
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JANKOWSKI, PAUL C 6850 NINETEEN MILE ROAD STERLING HEIGHTS, MI 48314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT JANKOWSKI, LISA M 6850 NINETEEN MILE ROAD STERLING HEIGHTS, MI 48314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MANCINI, DANIEL C 1919 NW 40TH COURT POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1000000438290
02/28/06-80082-013 61.25

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2-1-06 Date	(954) 956-9823 Daytime Phone #
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