

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

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90196 016 ****61.25

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1. Entity Name
CRYSTAL SOUND ASSOCIATION, INC.



Principal Place of Business
C/O PINES PROPERTY MGT
19620 PINES BLVD, SUITE 205
PEMBROKE PINES, FL 33029 US

Mailing Address
C/O PINES PROPERTY MGT
P.O. BOX 820100
SO FLORIDA, FL 33082-0100 US



02092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0549338

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, JR. T R.
C/O PINES PROPERTY MGT
19620 PINES BLVD, SUITE 205
PEMBOKE 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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KAPLAN, STUART
2353 S.W. 181 TERRACE
MIRAMAR, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP *D*
WILLIAMS, LEROY
18162 S.W. 22 STREET
MIRAMAR, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
MARTIN, JACK
2383 SW 181 TERR
MIRAMAR, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
PRESS, BILL
18128 SW 24 ST
MIRAMAR, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D DV
KILBRIDE, KEN
2395 SW 183 TERRACE
MIRAMAR, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #