2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N94000003756

Entity Name: CRYSTAL SOUND ASSOCIATION, INC.

Current Principal Place of Business:

C/O PINES PROPERTY MGT
19620 PINES BLVD, SUITE 205
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

C/O PINES PROPERTY MGT
P.O. BOX 820100
SO FLORIDA, FL 330820100 US

New Mailing Address:

FEI Number: 65-0549338 **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 #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: DV ( ) Delete
Name: CASH, MICHELE
Address: 2305 SW 183 TER
City-St-Zip: MIRAMAR, FL 33029

Title: DS ( ) Delete
Name: SOMOANO, BARBARA
Address: 2285 183 TERR
City-St-Zip: MIRAMAR, FL 33029

Title: DT ( ) Delete
Name: VOKE, CONNIE
Address: 18298 SW 24 ST
City-St-Zip: MIRAMAR, FL 33029

Title: D (X) Delete
Name: BEAULIEU, BOB
Address: 2201 SW 180 AVE
City-St-Zip: MIRAMAR, FL 33029

Title: DP (X) Delete
Name: KILBRIDE, KEN
Address: 2395 SW 183 TERRACE
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CASH, MICHELE
Address: 2305 SW 183 TER
City-St-Zip: MIRAMAR, FL 33029

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:

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: CONNIE VOKE DT 04/24/2009
Electronic Signature of Signing Officer or Director — Date