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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000004864 (3)

1. Corporation Name

CRYSTAL POINTE AT CORAL LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1690 SOUTH CONGRESS AVENUE
 SUITE 200
 DELRAY BEACH FL 33445

Mailing Address

1690 SOUTH CONGRESS AVENUE
 SUITE 200
 DELRAY BEACH FL 33445-6386

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

D'ADDARIO, MERLE
 1690 SOUTH CONGRESS AVENUE
 SUITE 200
 DELRAY BEACH FL 33445

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/13/1995

3a. Date of Last Report

03/13/1996

4. FEI Number

65-0644515

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution:

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE - Registered Agent signature required when reestablishing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEVY, JOANN	
STREET ADDRESS	1690 S. CONGRESS AVE. SUITE 200	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	D'ADDARIO, MERLE	
STREET ADDRESS	1690 S. CONGRESS AVE. SUITE 200	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, ELIOTT	
STREET ADDRESS	1690 S. CONGRESS AVE. SUITE 200	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	NUNEZ, ANTONIO	
STREET ADDRESS	1690 S CONGRESS AVE STE 200	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LEVY, RICHARD D.	
STREET ADDRESS	1690 S. CONGRESS AVENUE SUITE 200	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ST Sabrina Coulson
3.3 STREET ADDRESS	1690 S. Congress Avenue
3.4 CITY-ST-ZIP	DeLray Beach, Fl. 33445
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Jerry Ruskin
6.3 STREET ADDRESS	1690 S. Congress Avenue
6.4 CITY-ST-ZIP	DeLray Beach, Fl. 33445

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE

Jo Ann Levy 4/15/97 7561-274-2000

CR2E037 (9/96)