

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 28 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000004864 (3)**  
 1. Corporation Name  
**CRYSTAL POINTE AT CORAL LAKES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1690 SOUTH CONGRESS AVENUE SUITE 200 DELRAY BEACH FL 33445</b>	Mailing Address <b>1690 SOUTH CONGRESS AVENUE SUITE 200 DELRAY BEACH FL 33445</b>
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3. Date Incorporated or Qualified <b>10/13/1995</b>	
4. FEI Number <b>65-0644515</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	ST	<input checked="" type="checkbox"/> DELETE
NAME	COULSON, SABRINA	
STREET ADDRESS	1690 S CONGRESS AVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	AST	<input checked="" 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	D	<input checked="" type="checkbox"/> DELETE
NAME	RUSKIN, JERRY	
STREET ADDRESS	1690 S CONGRESS AVE	
CITY-ST-ZIP	DELRAY BEACH FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	VDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEVY, JOANN	
1.3 STREET ADDRESS	SAME	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	AT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PIVINSKI, JOSEPH	
4.3 STREET ADDRESS	1690 SOUTH CONGRESS AVENUE SUITE #200	
4.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	200002504382	
5.4 CITY-ST-ZIP	-04/29/98--01010--018	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DR. ROBERT SPENCER	
6.3 STREET ADDRESS	1690 SOUTH CONGRESS AVENUE SUITE #200	
6.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	

14. I 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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ JOANN LEVY, VDST, 04/06/98, (561) 274-2000

CF2E037 (10/97)