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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000004864

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



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

10/13/1995

Suite, Apt. #, etc.

22 SUITE 200

Suite, Apt. #, etc.

27 SUITE 200

4. FEI Number

65-0644515

Applied For

Not Applicable

23 City & State

28 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VDST DELETE
NAME LEVY, JOANN
STREET ADDRESS 1690 S. CONGRESS AVE. SUITE 200
CITY-ST-ZIP DELRAY BEACH FL 33445

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD DELETE
NAME D'ADDARIO, MERLE
STREET ADDRESS 1690 S. CONGRESS AVE. SUITE 200
CITY-ST-ZIP DELRAY BEACH FL 33445

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE AT DELETE
NAME PIVINSKI, JOSEPH
STREET ADDRESS 1690 SOUTH CONGRESS AVENUE SUITE #200
CITY-ST-ZIP DELRAY BEACH FL 33445

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME SPENCER, ROBERT DR
STREET ADDRESS 1690 SOUTH CONGRESS AVENUE SUITE #200
CITY-ST-ZIP DELRAY BEACH FL 33445

4.1 TITLE Change Addition
4.2 NAME PARKER, HAL
4.3 STREET ADDRESS 1690 SOUTH CONGRESS AVENUE SUITE #200
4.4 CITY-ST-ZIP DELRAY BEACH, FLORIDA 33445

TITLE AS DELETE
NAME LEVY, RICHARD D.
STREET ADDRESS 1690 S. CONGRESS AVENUE SUITE 200
CITY-ST-ZIP DELRAY BEACH FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

JOANN LEVY, VDST 1/12/99 (561) 274-2000

Date

Daytime Phone #

CR2E037 (1/98)