


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90195 001 ****19.29
 02-11-2004 90195 002 ****20.42
 02-11-2004 90195 003 ****21.54

DOCUMENT # N95000004864

1. Entity Name
CRYSTAL POINTE AT CORAL LAKES CONDOMINIUM ASSOCIATION, INC.




Principal Place of Business
 951 BROKEN SOUND PKWY
 SUITE 250
 BOCA RATON, FL 33487

Mailing Address
 951 BROKEN SOUND PKWY
 SUITE 250
 BOCA RATON, FL 33487

2. Principal Place of Business
 Suite, Apt. #, etc.
Pointe Management Group
 75 NORTHEAST 16TH AVE. SUITE 206
 City & State
DELRAY BEACH, FLORIDA
 Zip Country
33483 US

3. Mailing Address
 Suite, Apt. #, etc.
Pointe Management Group
 75 NORTHEAST 16TH AVE. SUITE 206
 City & State
DELRAY BEACH, FLORIDA
 Zip Country
33483 US



01232004 Chg-NP CR2E037 (10/03)

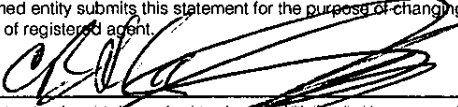
4. FEI Number
 65-0644515 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 COMMUNITY ASSOC. SERVICES
 951 BROKEN SOUND PKWY
 SUITE 250
 BOCA RATON, FL 33487

7. Name and Address of New Registered Agent
 Name **ERIC ESTEBANEZ**
 Street Address (P.O. Box Number is Not Acceptable)
75 NORTHEAST 16TH AVENUE
SUITE 206
 City **DELRAY BEACH** FL Zip Code **33483**

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  DATE **1/29/04**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

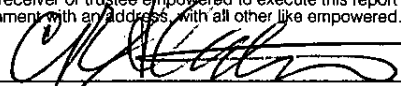
10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	POLLACK, ED	
STREET ADDRESS	12468 CRYSTAL POINTE DRIVE #102	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SLATNICK, ROBERT	
STREET ADDRESS	12423 CRYSTAL PT. DR. #202	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	KINIGSON, JOYCE	
STREET ADDRESS	12610 CRYSTAL POINTE DRIVE #D	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BLATTEIS, LINDA	
STREET ADDRESS	12586 C CRYSTAL PT DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RIFKIN, ROBERT	
STREET ADDRESS	12575 D CRYSTAL PT DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T 2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLOCK, ED	
STREET ADDRESS	12468 CRYSTAL POINTE DRIVE #102	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINIGSON, JOYCE	
STREET ADDRESS	12610 CRYSTAL POINTE DRIVE, UNIT D	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLDK, SANFORD	
STREET ADDRESS	12462 CRYSTAL POINTE DRIVE #101	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLATTEIS, LINDA	
STREET ADDRESS	12586 CRYSTAL POINTE DR. UNIT C	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

12. 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 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:  DATE **1/29/04** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR