
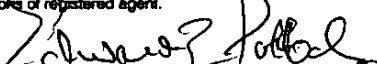
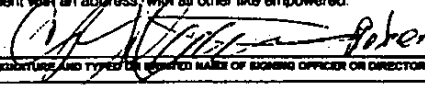


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-10-2006 90304 016 ****61.25

DOCUMENT # N9500004864			
1. Entity Name CRYSTAL POINTE AT CORAL LAKES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business POINTE MGMT. GRP. 75 NE 6TH AVE., STE. 206 DELRAY BEACH, FL 33483		Mailing Address POINTE MGMT. GRP. 75 NE 6TH AVE., STE. 206 DELRAY BEACH, FL 33483	
2. Principal Place of Business C.A.S. MANAGEMENT		3. Mailing Address C.A.S. MANAGEMENT	
Suite, Apt. #, etc.		CRYSTAL LAKES 12751 EL CLAIRE RANCHED.	
City & State		BOYNTON BEACH FL	
Zip	Country	Zip	Country
33437		33437	P.B.C.
4. FEI Number 85-0844515		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESTEBANEZ, ERIC 75 NE 6TH AVE. STE. 206 DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name ED. POLLOCK Street Address (P.O. Box Number is Not Acceptable) 12468 CRYSTAL POINTE DR. APT 102 BOYNTON BEACH City FL Zip Code 33437	
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 4/25/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPT POLLOCK, ED 12468 CRYSTAL POINTE DR., #102 BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE V.P ED POLLOCK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLATNICK, ROBERT 12423 CRYSTAL PT. DR. #202 BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BOB ADLER 12480 CRYSTAL POINTE # 201 BOYNTON BEACH, FL 33437 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KINIGSON, JOYCE 12610 CRYSTAL POINTE DR., UNIT D BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST V.P JOYCE KINIGSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLOK, SANFORD 12482 CRYSTAL POINTE DR., #101 BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SANFORD WOLOK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS BLATTEIS, LINDA 12588 CRYSTAL POINTE DR., UNIT C BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LINDA BLATTEIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND V.P NORMA GLUCK 12658 B. CRYSTAL POINTE DR. BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete *ADD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PERRIN, MORTON 12419 CRYSTAL POINTE DR. APT 102 BOYNTON BEACH, FL 33437 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation 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: 4/4/05 3637983	
SECRETARY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	