


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90030 042 ****61.25

DOCUMENT # N95000004864

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



Principal Place of Business
 C.A.S. MGMT
 12751 EL CLAIRE RANCE RD
 BOYNTON BEACH, FL 33437

Mailing Address
 C.A.S. MGMT
 12751 EL CLAIRE RANCE RD
 BOYNTON BEACH, FL 33437

2. Principal Place of Business - No P.O. Box #
 CAMPBELL PROPERTY @ CORAL LAKES

3. Mailing Address
 SAME

Suite, Apt. #, etc.
 12751 EL CLAIRE RANCE RD.

City & State
 Boynton Bch, FL

City & State
 (Arrow pointing to 3. Mailing Address)

Zip
 33437

Country
 PAUM BCH

Zip
 (Arrow pointing to 3. Mailing Address)

Country



01022008 Chg-NP CR2E037 (12/06)

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

ADLER, BOB
 12480 CRYSTAL POINTE DR APT 201
 BOYNTON BEACH, FL 33437

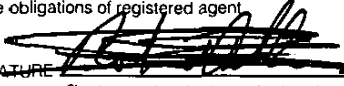
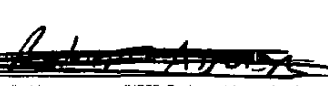

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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:   

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

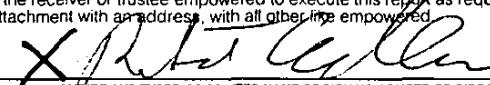
Filing Fee is \$61.25 Due by May 1, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete PERRIN, MORT 12419 CRYSTAL POINT DR #102 BOYNTON BEACH, FL 33437	TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DON BALFOUR 12462 CRYSTAL POINTE DR. # 202 BOYNTON BEACH, FL 33437
TITLE P	<input type="checkbox"/> Delete ADLER, BOB 12480 CRYSTAL POINTE 201 BOYNTON BEACH, FL 33437	TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LEON SAMUELS 12468 CRYSTAL POINTE DR. #201 BOYNTON BEACH, FL 33437
TITLE D	<input type="checkbox"/> Delete KINGSON, LEO 12610 CRYSTAL POINTE BOYNTON BEACH, FL 33437	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 2VP	<input type="checkbox"/> Delete WOLOK, SANFORD 12462 CRYSTAL POINTE DR., #101 BOYNTON BEACH, FL 33437	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input type="checkbox"/> Delete BLATTEIS, LINDA 12586 CRYSTAL POINTE DR., UNIT C BOYNTON BEACH, FL 33437	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LINDA BLATTEIS 12586 CRYSTAL POINTE DR. #C BOYNTON BEACH, FL 33437
TITLE 1VP	<input type="checkbox"/> Delete GLUCK, NORMA 12658 B CRYSTAL POINTE DR BOYNTON BEACH, FL 33437	TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NORMA GLUCK 12658 B CRYSTAL POINTE DR. BOYNTON BEACH, FL 33437

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 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 persons empowered.

SIGNATURE:  2/11/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #