2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 20, 2008 8:00 am **Secretary of State** DOCUMENT # N98000000720 1. Entity Name 03-20-2008 90025 029 \*\*\*\*61.25 CRYSTAL COVE ESTATES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 23150 SANDALFOOT PLAZA DR 23150 SANDALFOOT PLAZA DR BOCA RATON FL 33428 BOCA RATON FL 33428 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 65-0935133 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HORNEUS PRIME MANAGEMENT GROUP INC 23150 A SANDALFOOT PLAZA DR **BOCA RATON FL 33428** 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 Fiorida. I am familiar with, and accept the obligations of region FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution Due By May 1, 2008 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete Change Addition BELLACK, LARRY NAME 11636 KENSINGTON CT STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIF CITY-ST-7IP STD ☐ Addition T:TLE ☐ Detete TITLE Sc011 DAVIS, SCOTT NAME NAME KENSINGTON CT. 11588 KENSINGTON CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33428** CITY-ST-ZIP TITLE Delete. TITLE X Addition MANZO, DOMINICK NAME NAME 11605 KENSINGTON CT STREET ADDRESS STREET ADDRESS FL. 33428 **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete Change ☐ Addition THEF 1170 f NAIGE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete Addition

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 like Approvement.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

awrency)- Bellack, President

3/3/08

(521)451-9992