

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90016 019 ****61.25

DOCUMENT # N99000006636

1. Entity Name

MIRAGE AT CRYSTAL LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10282 BUENA VENTURA DR.
BOCA RATON FL 33498-6766

10282 BUENA VENTURA DR.
BOCA RATON FL 33498-6766

2. Principal Place of Business

3. Mailing Address

4401 Crystal Lake DR.
Suite, Apt. #, etc. 306

4401 Crystal Lake DR.
Suite, Apt. #, etc. 306

City & State

City & State

Deerfield Beach, FL

Deerfield Beach, FL

Zip

Country

Zip

Country

33064 USA

33064 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1010726

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COURCHENE, GILLES
10282 BUENA VENTURA DR.
BOCA RATON FL 33498-6766

Name

Theodore Cosmos

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

4401 Crystal Lake Drive # 306

Deerfield Beach, FL 33064

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.

SIGNATURE

Signature of current registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-18-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COURCHENE, GILLES	
STREET ADDRESS	10282 BUENA VENTURA DR.	
CITY-ST-ZIP	BOCA RATON FL 33498-6766	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GILLES, COURCHENE	
STREET ADDRESS	10282 BUENA VENTURA DR	
CITY-ST-ZIP	BOCA RATON FL 33498-6766	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COURCHENE, GILLES	
STREET ADDRESS	10282 BUENA VENTURA DR.	
CITY-ST-ZIP	BOCA RATON FL 33498-6766	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theodore Cosmos	
STREET ADDRESS	4401 Crystal Lake DR. # 306	
CITY-ST-ZIP	Deerfield Beach, FL 33064	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Holmes	
STREET ADDRESS	4401 Crystal Lake DR # 201	
CITY-ST-ZIP	Deerfield Beach, FL 33064	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Glover	
STREET ADDRESS	4401 Crystal Lake DR # 205	
CITY-ST-ZIP	Deerfield Beach, FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

Gil Courchene
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-02

Date

561-239-3465

Daytime Phone #

CR2E037 (9/01)