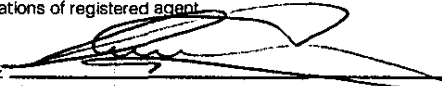


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90003 029 \*\*\*\*70.00

<b>DOCUMENT # N99000006636</b>					
1. Entity Name MIRAGE AT CRYSTAL LAKE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4401 CRYSTAL LAKE DR 306 DEERFIELD BEACH, FL 33064			Mailing Address 4401 CRYSTAL LAKE DR 306 DEERFIELD BEACH, FL 33064		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-1010726				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COSMOS, THEODORE 4401 CRYSTAL LAKE DRIVE #306 DEERFIELD BEACH, FL 33064			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 		(NOTE: Registered Agent signature required when reinstating)		DATE 7/9/2004	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COSMOS, THEODORE		NAME		
STREET ADDRESS	4401 CRYSTAL LAKE DR. #306		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLMES, STEVE		NAME		
STREET ADDRESS	4401 CRYSTAL LAKE DR. #201		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLOVER, WILLIAM		NAME		
STREET ADDRESS	4401 CRYSTAL LAKE DR #205		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PRESBITERO, CHARLENE		NAME	PRESBITERO, CHARLENE	
STREET ADDRESS	4401 CRYSTAL LK DR #105		STREET ADDRESS	4401 CRYSTAL LK DR #105	
CITY-ST-ZIP	DEERFIELD BCH, FL 33064		CITY-ST-ZIP	DEERFIELD BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.					
SIGNATURE: 			Date: July 9, 2004 (561) 893-2765		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		