2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 21, 2006 8:00 am Secretary of State **DOCUMENT # N99000006636** 03-21-2006 90009 013 ****61.25 1. Entity Name MIRAGE AT CRYSTAL LAKE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4401 CRYSTAL LAKE DR 4401 CRYSTAL LAKE DR 306 DEERFIELD BEACH, FL 33064 DEERFIELD BEACH, FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162006 Chg-NP CR2E037 (11/05) Applied For 4. FEI Number 65-1010726 City & State City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-COSMOS; THEODORE, 440T CRYSTAL LAKE DRIVE #306 DEERFIELD BEACH, FL 33064 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 PAT STURDEUALT (NOTE: Registered Agent signature required when reinstating Stonature, typed or printed name of registered agent and title if applicable Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TREASURER ☐ Delete TITLE ☐ Addition TITLE COSMOS, THEODORE NAME NAME STREET ADDRESS 4401 CRYSTAL LAKE DR. #306 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33064 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE BLACK, REBECCA NAME 4401 CRYSTAL LAKE DRIVE #103 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH, FL 33064 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE PRESBITERO, CHARLENE NAME NAME 4401 CRYSTAL LK DR # 105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33064 CITY-ST-ZIP RESIDENT Delete TITLE Addition ILA A QUINO NAME NAME 101 CRYSTAL LKDE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ELFIELD BEACH TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TYTLE ☐ Delete TITLE LOERT NAME NAME CRI 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 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 like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #