


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90008 021 \*\*\*\*61.25

**DOCUMENT # N99000006636**

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**

**40022606**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02092007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

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**

**STURDEVANT, PAT  
 4401 CRYSTAL LAKE DRIVE  
 #203  
 DEERFIELD BEACH, FL 33064**

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

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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**

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	COSMOS, THEODORE	
STREET ADDRESS	4401 CRYSTAL LAKE DR. #306	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064	
TITLE	S	<input type="checkbox"/> Delete
NAME	STURDEVANT, PAT	
STREET ADDRESS	4401 CRYSTAL LAKE DR. #203	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PRESBITERO, CHARLENE	
STREET ADDRESS	4401 CRYSTAL LK DR # 105	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	AQUINO, ATILA	
STREET ADDRESS	4401 CRYSTAL LAKE DR #305	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064	
TITLE	V	<input type="checkbox"/> Delete
NAME	PELLEGRINI, ALBERT	
STREET ADDRESS	4401 CRYSTAL LAKE DR #303	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	Treas	<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	Sec	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	DIRECTOR	
CITY-ST-ZIP		
TITLE	Dir	<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	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonnie Springer	
STREET ADDRESS	4401 Crystal Lake DR #203	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33064	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pellegrini, Albert	
STREET ADDRESS	SAME	
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 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.

**SIGNATURE:** Albert Pellegrini **2-19-07 201-791-8987**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #