


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90017 026 ****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	
2. Principal Place of Business - No P.O. Box # 7300 W. McNab Rd. Suite, Apt. #, etc. Suite 220		3. Mailing Address 7300 W. McNab Rd. Suite, Apt. #, etc. Suite 220	
City & State Tamarac, FL		City & State Tamarac, FL	
Zip 33321	Country US	Zip 33321	Country US
4. FEI Number 65-1010726		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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: Property Management Partners - Street Address (P.O. Box Number is Not Acceptable) 7300 W. McNab Rd. #220 City: Tamarac FL Zip Code: 33321	
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: <i>Maryann Perinato</i>		DATE: 2/13/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLOVER, WILLIAM 4401 CRYSTAL LAKE DR #205 DEERFIELD BEACH, FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Danny Bonachea <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4401 Crystal Lake Dr. # Deerfield Beach, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STURDEVANT, PAT 4401 CRYSTAL LAKE DR. #203 DEERFIELD BEACH, FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Cynthia Stephan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4401 Crystal Lake Dr. Deerfield Beach, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, STEVE 4401 CRYSTAL LAKE DR #201 DEERFIELD BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPRINGER, BONNIE 4401 CRYSTAL LAKE DR #203 DEERFIELD BEACH, FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELLEGRINI, ALBERT 4401 CRYSTAL LAKE DR #303 POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		Date: _____ Daytime Phone #: _____	