

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000002875 (7)

1. Corporation Name

CRYSTAL BAY AT POLO CORP.

Principal Place of Business

Mailing Address

900 N FEDERAL HWY  
SUITE 380  
BOCA RATON FL 33432

900 N FEDERAL HWY  
SUITE 380  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1997

4. FEI Number

65-0718413

Applied For

Not Applicable

2. Principal Place of Business

21 4000 N. FEDERAL HWY

2a. Mailing Address

26 4000 N. FEDERAL HWY

City & State

23 BOCA RATON FL

Suite, Apt. #, etc.

City & State

28 BOCA RATON FL

Zip

24 33431

Country

25 US

Zip

29 33431

Country

30 US

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEVINE, JEFFREY A  
900 N FEDERAL HWY  
SUITE 380  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

JEFFREY A LEVINE

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

4000 N FEDERAL HWY

83

SUITE 201

84 City

BOCA RATON

FL

85 Zip Code

33431

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Jeffrey A Levine*  
Signature (Type or printed name of registered agent and title if applicable)

*Jeffrey A Levine*  
(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/98

12. OFFICERS AND DIRECTORS

TITLE	D, Pres	<input type="checkbox"/> DELETE
NAME	GORDON, GARY	
STREET ADDRESS	101 S CONGRESS AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	

TITLE	D, V. Pres	<input type="checkbox"/> DELETE
NAME	KANOV, BRUCE	
STREET ADDRESS	19060 FOX LANDING DR	
CITY-ST-ZIP	BOCA RATON FL 33434	

TITLE	D, Secy	<input type="checkbox"/> DELETE
NAME	KANOV, LINDA	
STREET ADDRESS	19060 FOX LANDING DR	
CITY-ST-ZIP	BOCA RATON FL 33434	

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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *BRUCE KANOV*

2/1/98 561 495-4639

CR2E034 (10/97)