

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N06999

**Entity Name:** CRYSTAL COVE, INC., A CONDOMINIUM

**Current Principal Place of Business:**

450 GOLDEN ISLES DRIVE  
HALLANDALE, FL 33009

**Current Mailing Address:**

C/O IGLESIAS LAW GROUP, P.A.  
15800 PINES BLVD SUITE 303  
PEMBROKE PINES, FL 33027 US

**FEI Number:** 59-1110577

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

IGLESIAS LAW GROUP, P.A.  
15800 PINES BLVD  
SUITE 303  
PEMBROKE PINES, FL 33027 US

*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.*

**SIGNATURE:** DAVID IGLESIAS

12/09/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name GONZALEZ, HECTOR  
Address 450 GOLDEN ISLES DR  
City-State-Zip: HALLANDALE FL 33009

Title TREASURER  
Name CALDERON, LILIANNA  
Address 450 GOLDEN ISLES DR  
City-State-Zip: HALLANDALE FL 33009

Title VP  
Name HODGDON, RICHARD  
Address 450 GOLDEN ISLES DR  
City-State-Zip: HALLANDALE FL 33009

Title SECRETARY  
Name DERKA, DAIANA  
Address 450 GOLDEN ISLES DR  
City-State-Zip: HALLANDALE FL 33009

Title PRESIDENT  
Name MARTINEZ, ANA  
Address 450 GOLDEN ISLES DR  
City-State-Zip: HALLANDALE FL 33009

Title OTHER  
Name TORRES, RAFAEL  
Address 450 GOLDEN ISLES DR  
City-State-Zip: HALLANDALE FL 33009

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAIANA DERKA

SECRETARY

12/09/2019

Electronic Signature of Signing Officer/Director Detail

Date