

**2015 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 JK PROPERTY MANAGEMENT  
3520 N 30 TERRACE  
HOLLYWOOD, FL 33021 US

**FEI Number:** 59-1110577

**Certificate of Status Desired:** No

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

GLAZE AND ASSOCIATES, P.A.  
3113 STIRLING ROAD  
SUITE 201  
FT. LAUDERDALE, FL 33312 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OFFICER  
Name MARTINEZ, ANNA  
Address C/O JK PROPERTY MANAGEMENT  
3520 N 30 TERRACE  
City-State-Zip: HOLLYWOOD FL 33021

Title TREASURER, SECRETARY  
Name DENIS, CAROL  
Address C/O JK PROPERTY MANAGEMENT  
3520 N 30 TERRACE  
City-State-Zip: HOLLYWOOD FL 33021

Title PRESIDENT, VP  
Name TORRES, RAPHAEL  
Address C/O JK PROPERTY MANAGEMENT  
3520 N 30 TERRACE  
City-State-Zip: HOLLYWOOD FL 33021

*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:** RAPHAEL TORRES

PRES., VP

08/26/2015

Electronic Signature of Signing Officer/Director Detail

Date