

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51141

Entity Name: CRYSTAL BAY ASSOCIATION, INC.

FILED
Apr 23, 2015
Secretary of State
CC5890687066

Current Principal Place of Business:

C/O PINES PROPERTY MGMT
6941 SW 196 AVE, SUITE 27
PEMBROKE PINES, FL 33332

Current Mailing Address:

C/O PINES PROPERTY MANAGEMENT
PO BOX 820100
SO FLORIDA, FL 33082 US

FEI Number: 65-0420197

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEVENS & GOLDWYN, P.A.
2 SOUTH UNIVERSITY DR
329
PLANTATION, FL 33324 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 DP
Name HYMSON, CAROL
Address C/O PINES PROPERTY MGMT
6941 SW 196 AVE, SUITE 27
City-State-Zip: PEMBROKE PINES FL 33332

Title DT
Name MELENDEZ, SAL
Address C/O PINES PROPERTY MGMT
6941 SW 196 AVE, SUITE 27
City-State-Zip: PEMBROKE PINES FL 33332

Title DVP
Name WEINTRAUB, STUART
Address C/O PINES PROPERTY MGMT
6941 SW 196 AVE, SUITE 27
City-State-Zip: PEMBROKE PINES FL 33332

Title DS
Name PEREZ, ALEXANDER
Address C/O PINES PROPERTY MGMT
6941 SW 196 AVE, SUITE 27
City-State-Zip: PEMBROKE PINES FL 33332

Title D
Name CORDERO, JACKIE
Address C/O PINES PROPERTY MGMT
6941 SW 196 AVE, SUITE 27
City-State-Zip: PEMBROKE PINES FL 33332

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: HYMSON, CAROL

DP

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date