

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708303 (3)
1. Corporation Name
CRYSTAL LAKE MOBILE HOMEOWNERS' ASSOCIATION, INC



Principal Place of Business: 93187 2ND ST, PINELLAS PARK FL 34666-243 US
Mailing Address: 93187 2ND ST, PINELLAS PARK FL 34666-243 US

3. Date Incorporated or Qualified: 12/29/1964
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business: 21 9301 - 49 STREET N, 22 Suite, Apt. #, etc., 23 PINELLAS PARK, 24 Zip 34666, 25 USA
2a. Mailing Address: 26 Suite, Apt. #, etc., 27, 28, 29 Zip, 30 Country

4. FEI Number: 70-8303621
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
FRIZZELL, MARY L
93187 2ND ST
PINELLAS PARK FL 34666-5243

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALLISON, JACK	
STREET ADDRESS	93183 3RD ST	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MCMAHON, BARBARA	
STREET ADDRESS	93078 6TH ST	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JOHNSON, VIRGINIA	
STREET ADDRESS	93186 SECOND ST	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FRIZZELL, MARY	
STREET ADDRESS	93187 2ND ST	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BAKER, JANET	
STREET ADDRESS	93137 FOURTH ST	
CITY-ST-ZIP	PINELLAS PARK FL	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARY FRIZZELL DATE: MAR 3/96 DAYTIME PHONE #: 713-544-4937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)