

FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708303 (3)
 1. Corporation Name
CRYSTAL LAKE MOBILE HOMEOWNERS' ASSOCIATION, INC



Principal Place of Business 8301 49 STREET NORTH PINELLAS PARK FL 34666 US	Mailing Address 83089 5TH ST. PINELLAS PARK FL 33782 US
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3. Date Incorporated or Qualified
12/29/1964

4. FEI Number
70-8303621

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

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
**SKINNER, MARY
 83089 5TH STREET
 PINELLAS PARK FL 33782**

10. Name and Address of New Registered Agent

81 Name	SUZANNE Golder
82 Street Address (P.O. Box Number is Not Acceptable)	93097 5th St
83 City	Pinellas PARK
84 State	FL
85 Zip Code	33782

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 Suzanne Golder
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD FRIZZELL, MARY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	93187 5TH ST	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VPD GARLOW, KAY	<input type="checkbox"/> DELETE
STREET ADDRESS	203 1ST ST	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VPD LACHANCE, FERN	<input type="checkbox"/> DELETE
STREET ADDRESS	93084 6TH STREET	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	DT SKINNER, MARY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	83089 5TH ST.	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	DS WOODLAND, JOAN	<input type="checkbox"/> DELETE
STREET ADDRESS	83193 2ND ST	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD LEON POITRAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	93252 Circle	
1.3 STREET ADDRESS	PINELLAS PARK	
1.4 CITY-ST-ZIP	FL 33782	
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	DT SUZANNE Golder	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	93097 5th St	
4.3 STREET ADDRESS	PINELLAS PARK	
4.4 CITY-ST-ZIP	FL 33782	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Suzanne Golder

CP2E037 (10/97)