

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 93089 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
 Yes
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
 93089 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 **Pinellas PARK**
 84 City **Pinellas PARK** **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	<input checked="" type="checkbox"/> DELETE
NAME	FRIZZELL, MARY	
STREET ADDRESS	93187 5TH ST	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GARLOW, KAY	
STREET ADDRESS	203 1ST ST	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LACHANCE, FERN	
STREET ADDRESS	93084 6TH STREET	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SKINNER, MARY	
STREET ADDRESS	93089 5TH ST.	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WOODLAND, JOAN	
STREET ADDRESS	93193 2ND 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEON POITRAS	
1.3 STREET ADDRESS	93252 Circle	
1.4 CITY-ST-ZIP	PINELLAS PARK 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SUZANNE Golder	
4.3 STREET ADDRESS	93097 5th St	
4.4 CITY-ST-ZIP	PINELLAS PARK 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)