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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708303

1. Corporation Name
CRYSTAL LAKE MOBILE HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business 9301 49 STREET NORTH PINELLAS PARK FL 34666 US	Mailing Address 93089 5TH ST. PINELLAS PARK FL 33782 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/29/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 70-8303621
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SUZANNE GOLDER
93097 5TH ST
PINELLAS PARK FL 33782

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEON POITRAS	
STREET ADDRESS	93252 CIR	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
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 type="checkbox"/> DELETE
NAME	SUZANNE GOLDER	
STREET ADDRESS	93097 5TH ST	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
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	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VPD Sheldon ALLEN
3.3 STREET ADDRESS	93200 1st St
3.4 CITY-ST-ZIP	PINELLAS PARK FL 33782
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DS Janet BAKER
5.3 STREET ADDRESS	93137 Fowlst
5.4 CITY-ST-ZIP	PINELLAS PARK, FL 33782
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, with all other like empowered.

SIGNATURE: Suzanne Golder SIGNATURE REQUIRED 3-26-99 727-545-2263
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2F037 (11/98)