

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90037 013 ****61.25

DOCUMENT # 708303

1. Entity 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 33782-5237 US
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **70-8303621** Applied For Not Applied For

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SUZANNE GOLDER 93097 5TH ST PINELLAS PARK FL 33782		7. Name and Address of New Registered Agent Name PATRICIA L. SCHAEFER Street Address (P.O. Box Number is Not Acceptable) 93110 5TH STREET PINELLAS PARK, City FL Zip Code 33782	
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8. 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 Patricia L. Schaefer, Treas. PATRICIA L. SCHAEFER 1/21/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEON POITRAS 93252 CIR PINELLAS PARK FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALLEN, SHELDON 93200-FIRST ST PINELLAS PARK FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LACHANCE, FERN 93084 6TH STREET PINELLAS PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARLOW, KATHERINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor 93203 1 ST STREET PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SUZANNE GOLDER 93097 5TH ST PINELLAS PARK FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRICIA L. SCHAEFER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor 93110 5 TH STREET PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BAKER, JANET 93137 FORUTH ST PINELLAS PARK FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DARLENE JENSEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor 93186 2 ND STREET PINELLAS PARK FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia L. Schaefer **REQUIRED** 1-21-00 727-544-8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #