

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90015 002 \*\*\*\*61.25



**DOCUMENT # 708303**

1. Entity Name

**CRYSTAL LAKE MOBILE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

9301 49 STREET NORTH  
PINELLAS PARK FL 33782  
US

Mailing Address

93214 1ST STREET  
PINELLAS PARK FL 33782  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

70-8303621

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, DONALD**  
93214 1ST STREET  
PINELLAS PARK FL 33782

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
NAME **POITRAS, LEON G**  
STREET ADDRESS **93252 CIRCLE**  
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **VPD**  Change  Addition  
NAME **Bill White**  
STREET ADDRESS **93077- 5th street**  
CITY-ST-ZIP **Pinellas Park, Fl. 33782**

TITLE **VPD**  Delete  
NAME **SOMERVILLE, FLOYD**  
STREET ADDRESS **93244 CIRCLE**  
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD**  Delete  
NAME **O'NEILL, BOB**  
STREET ADDRESS **93133 4TH ST**  
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S**  Delete  
NAME **JENSON, DARLENE**  
STREET ADDRESS **93186 2ND ST**  
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T**  Delete  
NAME **BROWN, DONALD**  
STREET ADDRESS **93214 1ST STREET**  
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Donald L Brown Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-2-04 727-541-7993*

Date

Daytime Phone #