

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 19 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744801 (2)**

1. Corporation Name  
**TOWNHOUSES OF CRYSTAL LAKE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business 4779 N.W. 9 AVE. POMPANO BEACH FL 33064 US	Mailing Address 4779 N.W. 9 AVE. POMPANO BEACH FL 33064 US
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3. Date Incorporated or Qualified <b>11/02/1978</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-1971587</b>	

2. Principal Place of Business 21 <b>4783 NW 9 Ave.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>4783 NW 9 Ave</b> Suite, Apt. #, etc.
23 <b>Pompano Beach, FL</b> City & State	28 <b>Pompano Beach FL</b> City & State
24 <b>33064</b> Zip	25 <b>USA</b> Country
29 <b>33064</b> Zip	30 <b>USA</b> Country

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June <b>1/1/98</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**LAWRENCE, KARLA**  
**4779 N.W. 9 AVE.**  
**POMPANO BCH FL 33064**

10. Name and Address of New Registered Agent

81 Name <b>DORA W. BLANCHETTE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4783 NW 9 AVE.</b>
83
84 City <b>Pompano Beach</b>
85 Zip Code <b>FL 33064</b>

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 **Dora W. Blanchette, Treasurer** *Dora W. Blanchette* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEISEN, RONALD F 4803 NW 9 AVE POMPANO BCH. FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEEKS, WAYNE 4767 NW 9 AVE POMPANO BCH. FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAWRENCE KARLA 4779 NW 9 AVE POMPANO BEACH FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEKS, RHONDA 4767 N.W. 9 AVE. POMPANO BCH. FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUFF, RICHARD 4793 N.W. 9 AVE. POMPANO BCH. FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIVER, MARTHE 4763 N.W. 9 AVE. POMPANO BCH. FL 33064	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D. RONALD F Geisen</b> 4803 NW 9 AVE POMPANO BEACH FL 33064
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>P-D</b> MEEKS, WAYNE 4767 NW 9 AVE POMPANO BEACH FL 33064
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>VP-D</b> STEVE BACHMANN 4815 NW 9 AVE POMPANO BCH FL 33064
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>TD</b> DORA W. BLANCHETTE 4783 NW 9 AVE POMPANO BEACH FL 33064
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>S</b> Rhonda Meeks 4767 NW 9 AVE POMPANO BEACH, FL 33064
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D</b> Howard Simkid 4759 NW 9 AVE POMPANO BEACH FL 33064

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: **Dora W. Blanchette** *Dora W. Blanchette 2/13/98 (954)943-8517*

CR2E037 (10/97)