


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 744801

1. Entity Name
TOWNHOUSES OF CRYSTAL LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 4783 NW 9 AVE DEERFIELD BEACH, FL 33064 US	Mailing Address C/O DORA BLANCHETTE 4783 NW 9 AVE POMPANO BEACH, FL 33064 US
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02192008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1971587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BLANCHETTE, DORA W
 4783 NW 9TH AVE
 DEERFIELD BEACH, FL 33064**

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

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERSON, LOUIS 4775 NW 9 AVE DEERFIELD BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANCHETTE, ROBERT 4783 NW 9 AVE DEERFIELD BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAY, JERRY 4791 NW 9 AVE DEERFIELD BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAVILLE, SARAH 4819 NW 9 AVE DEERFIELD BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLANCHETTE, DORA 4783 NW 9 AVE DEERFIELD BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAKINS, TOM 4823 NW 9 AVE DEERFIELD BEACH, FL 33064

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 02/28/08-80032-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dora Blanchette, Treasurer 2/19/08 954943-8547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #