

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 16, 2009
Secretary of State

DOCUMENT# N06000011244

Entity Name: CRYSTAL LAKES WEST HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3908 GARDENWOOD CIRCLE
GRANT, FL 32949**New Principal Place of Business:**4610 LIPSCOMB ST NE
SUITE 1
PALM BAY, FL 32905**Current Mailing Address:**BAYSIDE MANAGEMENT SERVICES
PO BOX 100130
PALM BAY, FL 32910**New Mailing Address:**4610 LIPSCOMB ST NE
SUITE 1
PALM BAY, FL 32905**FEI Number:** 11-3805538**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VON DREELE, WAYNE
3993 W FORST ST
SANFORD, FL 32771 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: BROWN, RICH
Address: 4610 LIPSCOMB ST NE - STE 1
City-St-Zip: PALM BAY, FL 32905**Title:** STD () Delete
Name: DELANO, MARCO
Address: 4610 LIPSCOMB ST NE - STE 1
City-St-Zip: PALM BAY, FL 32905**Title:** VPD () Delete
Name: INTILLE, ROB
Address: 4610 LIPSCOMB ST NE - STE 1
City-St-Zip: PALM BAY, FL 32905**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA BERNIN

AGNT

04/16/2009

Electronic Signature of Signing Officer or Director

Date