

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N08288	
1. Entity Name CRYSTAL PALACE FM ASSOCIATION, INC.	
Principal Place of Business 11655 RANDOLPH SIDING RD. JUPITER, FL 33478-6158 US	Mailing Address 11655 RANDOLPH SIDING RD. JUPITER, FL 33478-6158 US



01102005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2518877	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

LUCAS, KATHLEEN S.
 11655 RANDOLPH SIDING ROAD
 JUPITER, FL 33478

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

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	PD LUCAS, HENRY 11655 RANDOLPH SIDING RD JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LUCAS, KATHLEEN 11655 RANDOLPH SIDING RD JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LUCAS, PHILLIP S 800 PALISADO AVE WINDSOR, CT 060952072
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/22/05-80100-020 61.25

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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: *Kathleen S. Lucas* Kathleen S. Lucas, Dir. 4/19/05 561-746-1359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #