FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
VISION OF CORPORATIONS
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DOCUMENT # **N10364** **(0)**

1. Corporation Name

CRYSTAL LAKES MANORS HOMEOWNERS' ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
% UNIVERSITY PROPERTIES, INC. 624 EAST FLETCHER AVE. TAMPA FL 33612	% UNIVERSITY PROPERTIES, INC. 624 EAST FLETCHER AVE. TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1985
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-2645991 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

LERNER, PATRICIA L
606 MADISON STR
STE 2001
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☐ Change ☐ Addition
NAME	BOUCHER, DENNIS	1.2 NAME	Guess, Charles	
STREET ADDRESS	606 CRYSTAL GROVE	1.3 STREET ADDRESS	505 Old Grove Drive	
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	Lutz, Fl 33549	
TITLE	DV	2.1 TITLE	DV/P	☐ Change ☐ Addition
NAME	ENGSTOM, JOHN	2.2 NAME	Westerfield, Oscar	
STREET ADDRESS	503 SHADOW GROVE CT	2.3 STREET ADDRESS	520 Old Grove Dr,	
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	Tampa, Fla 33549	
TITLE	DS	3.1 TITLE	D/S-T	☐ Change ☐ Addition
NAME	LISTER, CHERYL	3.2 NAME	Engstrom, John	
STREET ADDRESS	18102 FAIRMEAD CT	3.3 STREET ADDRESS	503 Shadow Grove ct	
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	Lutz, Fla 33549	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John T. Engstrom 2/11/95 813-949-0045
SIGNATURE AND TYPED OR PRINTED NAME OF MGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
JOHN T. ENGSTROM

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