

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 12 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 # N10364 (0)**  
1. Corporation Name  
**CRYSTAL LAKES MANORS HOMEOWNERS' ASSOCIATION, IN C.**

Principal Place of Business <b>% UNIVERSITY PROPERTIES, INC. 824 EAST-FLETCHER AVE. TAMPA FL 33612</b>	Mailing Address <b>% UNIVERSITY PROPERTIES, INC. 824 EAST-FLETCHER AVE. TAMPA FL 33612</b>
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3. Date Incorporated or Qualified <b>07/23/1985</b>	
4. FEI Number <b>59-2645991</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>7001 Temple Terrace Hwy.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Temple Terrace, FL</b> Zip 24 <b>33637</b> Country 25 <b>US</b>	2a. Mailing Address 26 <b>7001 Temple Terrace Hwy.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Temple Terrace, FL</b> Zip 29 <b>33637</b> Country 30 <b>US</b>
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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 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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
85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUESS, CHARLES</b>	1.2 NAME	
STREET ADDRESS	<b>505 OLD GROVE DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL</b>	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WESTERFIELD, OSCAR</b>	2.2 NAME	
STREET ADDRESS	<b>520 OLD GROVE DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENGSTROM, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>503 SHADOW GROVE CT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Charles R. Guess* 1/14/98 980-1000

CP2E037 (10/97)