

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/21

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90031 023 \*\*\*\*30.00  
 02-21-2000 90008 023 \*\*\*\*31.25

**DOCUMENT # N10364**

1. Entity Name

**CRYSTAL LAKES MANORS HOMEOWNERS' ASSOCIATION, IN**

Principal Place of Business

Mailing Address

7001 TEMPLE TERRACE HWY  
 TEMPLE TERRACE FL 33637  
 US

7001 TEMPLE TERRACE HWY  
 TEMPLE TERRACE FL 33637-5734  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2645991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

420 West Platt St

City **Tampa**

**FL**

Zip Code  
**33606**

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEF IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	GUESS, CHARLES	
STREET ADDRESS	505 OLD GROVE DRIVE	
CITY-ST-ZIP	LUTZ FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WESTERFIELD, OSCAR	
STREET ADDRESS	520 OLD GROVE DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ENGSTROM, JOHN	
STREET ADDRESS	503 SHADOW GROVE CT	
CITY-ST-ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Xgls! Engstrom**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/2000**  
 Date

**813-417-2431**  
 Daytime Phone #

CR2E037 (9/99)