

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90052 002 ****61.25

DOCUMENT # N25630

1. Corporation Name

CRYSTAL GLEN PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

C/O DAVID C. NORTON
6709 RIDGE ROAD, S-200
PORT RICHEY FL 34668
US

Mailing Address

C/O DAVID C. NORTON
6709 RIDGE ROAD, S-200
PORT RICHEY FL 34668
US



| | | |
|--|--|--|
| 2. Principal Place of Business 21 2739 U.S. Hwy 19 Suite, Apt. #, etc. 22 SUITE 201 City & State 23 HOLIDAY, FL Zip 24 34691 Country 25 USA | 2a. Mailing Address 26 P.O. Box 2108 Suite, Apt. #, etc. 27 City & State 28 ELFERS, FL Zip 29 34680-2108 Country 30 USA | 3. Date Incorporated or Qualified 03/28/1988 4. FEI Number 59-2929757 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|--|

9. Name and Address of Current Registered Agent

NORTON, DAVID C
6709 RIDGE ROAD, S-200
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

| | | | | |
|-------------------------|--|----|--------------------|----------------------|
| 81 Name JOHN BRASHER | 82 Street Address (P.O. Box Number is Not Acceptable) 2739 U.S. Hwy 19, Suite 201 | 83 | 84 City HOLIDAY | 85 Zip Code 34691 |
|-------------------------|--|----|--------------------|----------------------|

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

[Signature]
(NOTE: Registered Agent signature required when reappointing)

5/17/99
DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRASHER, C J | 1.2 NAME | |
| STREET ADDRESS | 6709 RIDGE ROAD, SUITE 200 | 1.3 STREET ADDRESS | 2739 U.S. Hwy 19, Suite 201 |
| CITY-ST-ZIP | PORT RICHEY FL | 1.4 CITY-ST-ZIP | HOLIDAY, FL 34691 |
| TITLE | SD | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILVA, SUSAN | 2.2 NAME | |
| STREET ADDRESS | 6709 RIDGE ROAD | 2.3 STREET ADDRESS | 2739 U.S. Hwy 19, Suite 201 |
| CITY-ST-ZIP | PORT RICHEY FL | 2.4 CITY-ST-ZIP | HOLIDAY, FL 34691 |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NORTON, DAVID C | 3.2 NAME | |
| STREET ADDRESS | 6709 RIDGE ROAD, S-200 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT RICHEY FL | 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99
Date

727-943-0138
Daytime Phone #

CR2E037 (1/98)