

2000 UNIFORM BUSINESS REPORT (UBR)

4.

FILED
May 08, 2000 8:00 am
Secretary of State

04-07-2000 90031 036 ****61.25

DOCUMENT # N25630
 1. Entity Name
CRYSTAL GLEN PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business 2739 US HWY 19 STE 201 HOLIDAY FL 34691 US	Mailing Address PO BOX 2108 ELFERS FL 34680-2108 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8801 RIVER CROSSING BLVD	3. Mailing Address Suite, Apt. #, etc.
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City & State NEW PORT RICHEY, FL	City & State
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4. FEI Number 59-2929757	Applied For <input type="checkbox"/> Not Applicable
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Zip 34655	Country PASCO	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
NORTON, DAVID C
 2739 US HWY 19 STE 201
 HOLIDAY FL 34691

7. Name and Address of New Registered Agent
 Name
C. J. BRASHER
 Street Address (P.O. Box Number is Not Acceptable)
8801 RIVER CROSSING BLVD.
 City
NEW PORT RICHEY FL Zip Code
34655

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 **3/31/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRASHER, C J 2739 US HWY 19 STE 201 HOLIDAY FL 34691	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILVA, SUSAN 6709 RIDGE ROAD PORT RICHEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, DAVID C 2739 US HWY 19 STE 201 HOLIDAY FL 34691	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carroll, Mary Beth 8801 River Crossing Blvd. New Port Richey, FL 34655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brasher, CJ 8801 RIVER CROSSIN BLVD. NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Silva, Susan 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carroll, Mary Beth 8801 River Crossing Blvd. New Port Richey, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **3/31/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)