

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

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



Principal Place of Business
 1414 SO CHATSWORTH PT
 LECANTO, FL 34461 US

Mailing Address
 PO BOX 377
 LECANTO, FL 34460 US



01122008 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2929757

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 HASKINS, JOHN B
 1414 SO CHATSWORTH PT
 LECANTO, FL 34461

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HASKINS, JOHN B 1414 SO CHATSWORTH PT LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURPHY, MARILYN 1145 SO SOFTWIND LOOP LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACOBS, SHELIA 1070 SO SOFTWIND LOOP LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLARK, EDWARD 3930 W. FEATHER EDGE CT LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHIER, MICHAEL 3912 W. FEATHEREDGE CT LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/22/08-80024-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Marilyn Murphy MARILYN MURPHY 1/16/08 352-746-2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #