

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N29560** (2)

95 FEB -9 AM 11:22

1. Corporation Name
CRYSTAL-HOMESITES CIVIC ASSOCIATION INC.

Principal Place of Business Mailing Address
1093 S.E. 59TH ST., RT. 3 C/O JOHNNY MONTGOMERY STARKE FL 32091

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/06/1988	3a. Date of Last Report 02/02/1994
4. FEI Number 59-2413932	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
MONTGOMERY, JOHNNY
1093 S.E. 59TH ST., RT. 3
STARKE FL 32091

10. Name and Address of New Registered Agent

B1 Name	B5	Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL	
B3		
B4 City		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Johnnie N. Montgomery* 1-29-95
Date

12. OFFICERS AND DIRECTORS

TITLE	DP - <i>Dir. - Sec. & Treasurer</i>
NAME	KING, CLYDE
STREET ADDRESS	105 E. 44TH ST.
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	D
NAME	FOLSOM, LESLIE - <i>Deletad</i>
STREET ADDRESS	RT. 3, BOX 1024
CITY- ST- ZIP	STARKE FL
TITLE	ST
NAME	DENTON, BARBARA - <i>Deletad</i>
STREET ADDRESS	RT. 3, BOX 1098
CITY- ST- ZIP	STARKE FL
TITLE	DVP
NAME	LUKE, ROBERT
STREET ADDRESS	RT 3 BOX 1078
CITY- ST- ZIP	STARKE FL
TITLE	D
NAME	KNEPPER, LEE
STREET ADDRESS	RT 3 BOX 1044
CITY- ST- ZIP	STARKE FL
TITLE	<i>Newport, MA</i>
NAME	<i>MAY</i>
STREET ADDRESS	<i>RT. 3 - Box - 1030</i>
CITY- ST- ZIP	<i>STARKE FLA 32091</i>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>Sec. & Treasurer</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>CANNON - Billie</i>	
1.3 STREET ADDRESS	<i>Box - 297</i>	
1.4 CITY- ST- ZIP	<i>Keytobiva, Hq's FLA. 32656</i>	
2.1 TITLE	<i>Dir. - President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>MARYWANNIE - CHARLES</i>	
2.3 STREET ADDRESS	<i>RT. 3 - 1304</i>	
2.4 CITY- ST- ZIP	<i>STARKE FLA. 32091</i>	
3.1 TITLE	<i>Beiger - Ted</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>RT. 3 - Box - 1027</i>	
3.3 STREET ADDRESS	<i>STARKE FLA. 32091</i>	
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Johnnie N. Montgomery* 1-29-95 1-900-473-2341
Date