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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N29560

1. Corporation Name

CRYSTAL-HOMESITES CIVIC ASSOCIATION INC.

Principal Place of Business

Mailing Address

1092 S.E. 50TH ST., RT. 3
C/O JOHNNY MONTGOMERY
STARKE FL 32091

1092 S.E. 50TH ST., RT. 3
C/O JOHNNY MONTGOMERY
STARKE FL 32091

Delaware
NABYWANIEC - Charles Boy - 264 - Keystone
RT. 3 - Box 1081 Starke Fla St. Fla. 32656



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/06/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2413932

Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANNON, BILLIE
25 PINE ST
KEYSTONE HEIGHTS FL 32656

81 Name

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

83

84 City

FL

85 Zip Code

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

Charles Nabywaniec

1-23-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVST
NAME KING, CLYDE
STREET ADDRESS 105 E. 44TH ST.
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE Change Addition
1.2 NAME D. JOHNSON, CARL
1.3 STREET ADDRESS RT. 3 - Box 977
1.4 CITY-ST-ZIP STARKE FL - 32091

TITLE P
NAME NABYWANIEC, CHARLES
STREET ADDRESS RT 3, BOX 1081
CITY-ST-ZIP STARKE FL 32091

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP
NAME GEIGER, TED
STREET ADDRESS RT 3, BOX 1027
CITY-ST-ZIP STARKE FL 32091

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME CHAPPELL, MIKE
STREET ADDRESS RT 3, BOX 1091
CITY-ST-ZIP STARKE FL 32091

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME WEEKS, ARNOLD
STREET ADDRESS RT 3, BOX 1023
CITY-ST-ZIP STARKE FL 32091

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME NEWPORT, MAY
STREET ADDRESS RT 3 BOX 1030
CITY-ST-ZIP STARKE FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Charles Nabywaniec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/99 252-4733422
Date Daytime Phone #

CR2E037 (11/98)