

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90621 021 ****61.25

0059633

DOCUMENT # N29560
 1. Entity Name
CRYSTAL-HOMESITES CIVIC ASSOCIATION INC.

Principal Place of Business Mailing Address
 RT 3, BOX 1081 RT 3, BOX 1081
 STARKE FL 32656 STARKE FL 32656

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2413932** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CRYSTAL LAKE HOMESITES
RT 3 BOX 1081
589 SE 71ST STREET
STARKE FL 32091

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 DATE **2/17/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	DVST	<input type="checkbox"/> Delete
NAME	KING, CLYDE	
STREET ADDRESS	105 E. 44TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	NABYWANIEC, CHARLES	
STREET ADDRESS	RT 3, BOX 1081	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GEIGER, TED	
STREET ADDRESS	RT 3, BOX 1027	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPPELL, MIKE	
STREET ADDRESS	RT 3, BOX 1091	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEEKS, ARNOLD	
STREET ADDRESS	RT 3, BOX 1023	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, CARL	
STREET ADDRESS	RT 3 BOX 977	
CITY-ST-ZIP	STARKE FL 32091	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whitaker, Greg	
STREET ADDRESS	RT 3 - Box 1100	
CITY-ST-ZIP	Starke Fla 32091	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hodges Fred	
STREET ADDRESS	RT 3 Box 517-5K	
CITY-ST-ZIP	Starke Fla. 32091	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: DATE: **2/17/02** DAYTIME PHONE #: **352 473-3422**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)