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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:16

DOCUMENT # **N36051** (3)

1. Corporation Name

CRYSTAL LANDINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% FRED TURNER 905 S.E. MAYO DRIVE CRYSTAL RIVER FL 34429	P.O. BOX 1581 CRYSTAL RIVER FL 34423

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1990
3a. Date of Last Report: 01/06/1994
4. FEI Number: ~~59-1295002~~ 59 3219198 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

WHITEHURST, DON R
3135 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name: FRED TURNER
82 Street Address (P.O. Box Number is Not Acceptable): 905 SE MAYO DR.
83
84 City: CRYSTAL RIVER FL 85 Zip Code: 34429

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: FRED TURNER — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 3/6/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P ☒ Change ☐ Addition
NAME	WHITEHURST, BOB	1.2 NAME	BILL BALTHIS
STREET ADDRESS	3135 U.S. HIGHWAY 19 N.	1.3 STREET ADDRESS	18325 ROSE
CITY-ST-ZIP	CLEARWATER FL 34621	1.4 CITY-ST-ZIP	LANSING, IL. 60438
TITLE	D	2.1 TITLE	S ☒ Change ☐ Addition
NAME	WHITEHURST, DON R	2.2 NAME	FRED TURNER
STREET ADDRESS	3135 U.S. HIGHWAY 19 N.	2.3 STREET ADDRESS	905 SE MAYO DR.
CITY-ST-ZIP	CLEARWATER FL 34621	2.4 CITY-ST-ZIP	CRYSTAL RIVER, FL. 34429
TITLE	D	3.1 TITLE	T ☒ Change ☐ Addition
NAME	WHITEHURST, MIKE	3.2 NAME	DIANE M. SCHEMBER
STREET ADDRESS	3135 U.S. HIGHWAY 19 N.	3.3 STREET ADDRESS	907 SE MAYO DR.
CITY-ST-ZIP	CLEARWATER FL 34621	3.4 CITY-ST-ZIP	CRYSTAL RIVER, FL. 34429
TITLE		4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME	JOHN J. FEUERBORN
STREET ADDRESS		4.3 STREET ADDRESS	1703 CRESTVIEW DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LA GRANGE, KY. 40031
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	LOUIS ALLEVA
STREET ADDRESS		5.3 STREET ADDRESS	811 SE MAYO DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CRYSTAL RIVER, FL. 34429
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: DIANE M. SCHEMBER — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/6/95 — Daytime Phone #: 904 795-3436

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