

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified **01/11/1990** 3a. Date of Last Report **03/13/1995**

21	2. Principal Place of Business 706 N. Suncoast Blvd.	2a	Mailing Address 706 N. Suncoast Blvd.	4.	FEI Number 59-3219198	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State Crystal River, FL	27	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 34423	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country USA	29	Country			
30						

9. Name and Address of Current Registered Agent TURNER, FRED 905 SE MAYO DR CRYSTAL RIVER FL 34429				10. Name and Address of New Registered Agent			
81	Name Glen C. Abbott			85	Zip Code 34429		
82	Street Address (P.O. Box Number is Not Acceptable) 706 N. Suncoast Blvd.						
83							
84	City Crystal River			85	State FL		

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 *[Signature]* **Glen C. Abbott, Attorney** DATE **4/4/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BALTHIS, BILL			1.2 NAME			
STREET ADDRESS	18325 ROSE			1.3 STREET ADDRESS			
CITY-ST-ZIP	LANSING IL			1.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TURNER, FRED			2.2 NAME			
STREET ADDRESS	905 SE MAYO DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHEMBER, DIANE M.			3.2 NAME			
STREET ADDRESS	907 SE MAYO DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FUERBORN, JOHN J.			4.2 NAME			
STREET ADDRESS	1703 CRESTVIEW DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	LA GRANGE KY			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLEVA, LOUIS			5.2 NAME			
STREET ADDRESS	811 SE MAYO DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL			5.4 CITY-ST-ZIP	D Sara Harris 855 S.E. Mayo Drive Crystal River, FL 34429		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: *[Signature]* DATE: **4/30/96** DAYTIME PHONE #: **352-563-0394**

CR2E037 (12/95)