

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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  
706 N. SUNCOAST BLVD.  
805 S.E. MAYO DRIVE  
CRYSTAL RIVER FL 34423  
US P.O. BOX 1581  
CRYSTAL RIVER FL 34423-1581

3. Date Incorporated or Qualified 01/11/1990  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3219198 Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
GLEN C. ABBOTT  
706 N. SUNCOAST BLVD.  
CRYSTAL RIVER FL 34429  
10. Name and Address of New Registered Agent  
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 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALTHIS, BILL	1.2 NAME	
STREET ADDRESS	18325 ROSE	1.3 STREET ADDRESS	849 S.E. MAYO DRIVE
CITY-ST-ZIP	LANSING IL	1.4 CITY-ST-ZIP	CRYSTAL RIVER, FLORIDA 34429
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 checked="" type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEMBER, DIANE M.	3.2 NAME	SARA HARRIS
STREET ADDRESS	907 SE MAYO DR	3.3 STREET ADDRESS	855 S.E. MAYO DRIVE
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUERBORN, JOHN J.	4.2 NAME	FLOYD LAMONDIA
STREET ADDRESS	1703 CRESTVIEW DR.	4.3 STREET ADDRESS	216 KENDALL STREET
CITY-ST-ZIP	LA GRANGE KY	4.4 CITY-ST-ZIP	WULOW, MA 01056
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARA HARRIS	5.2 NAME	EO WISDOM
STREET ADDRESS	855 SE MAYO DRIVE	5.3 STREET ADDRESS	813 S.E. MAYO DRIVE
CITY-ST-ZIP	CRYSTAL RIVER FL	5.4 CITY-ST-ZIP	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 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: *B. Balthis* BALTHIS, BILLYW 352-563-0394  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064951

CR2E037 (9/96)