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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N36051

1. Corporation Name

CRYSTAL LANDINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

706 N. SUNCOAST BLVD.
905 S.E. MAYO DRIVE
CRYSTAL RIVER FL 34423
US

Mailing Address

P.O. BOX 1581
CRYSTAL RIVER FL 34423



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

23

City & State

24

City & State

25

Zip

Country

26

Zip

Country

27

Country

3. Date Incorporated or Qualified

01/11/1990

4. FEI Number

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

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

TITLE P ☐ DELETE

NAME BALTHIS, BILL
STREET ADDRESS 849 SE MAYO DR
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE S ☐ DELETE

NAME TURNER, FRED
STREET ADDRESS 905 SE MAYO DR
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE T ☒ DELETE

NAME MARTONE, RALPH
STREET ADDRESS 1523 S OZELLO RD
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE D ☒ DELETE

NAME FLOYD LAMONDIA
STREET ADDRESS 216 KENDALL ST
CITY-ST-ZIP LUDLOW MA

TITLE D ☐ DELETE

NAME ED WISDOM
STREET ADDRESS 813 SE MAYO DR
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

352-563-0394

Date Daytime Phone #

CR2E037 (1/98)