

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90008 047 \*\*\*\*61.25

**DOCUMENT # N36051**

1. Entity Name

**CRYSTAL LANDINGS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

P.O. BOX 1581  
 CRYSTAL RIVER FL 34423-1581

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3219198**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLEN C. ABBOTT**  
**706 N. SUNCOAST BLVD.**  
**CRYSTAL RIVER FL 34429**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BALTHIS, BILL</b>	
STREET ADDRESS	<b>849 SE MAYO DR</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>TURNER, FRED</b>	
STREET ADDRESS	<b>905 SE MAYO DR</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MEADOWS, JUNE</b>	
STREET ADDRESS	<b>955 S.E. MAYO DRIVE</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34429</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHRISTIANO, SUE</b>	
STREET ADDRESS	<b>P.O. BOX 546</b>	
CITY-ST-ZIP	<b>SANDWICH MA 02563</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ED WISDOM</b>	
STREET ADDRESS	<b>813 SE MAYO DR</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOANN GRAHAM</b>	
STREET ADDRESS	<b>807 S.E. MAYO DRIVE</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER, FL 34429</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN MECKSTROTH</b>	
STREET ADDRESS	<b>851 S.E. MAYO DRIVE</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER, FL 34429</b>	

12. 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 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: *John Meckstroth* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/2000**

Date

Daytime Phone #

CR2E037 (9/99)