

2001 UNIFORM BUSINESS REPORT (UBR)

3/9

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-09-2001 90470 021 ****61.25

DOCUMENT # N36051

1. Entity Name

CRYSTAL LANDINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

708 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

955 S.E. Mayo Dr.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Crystal River, FL

City & State

4. FEI Number

59-3219198

Applied For

Not Applicable

Zip

34429

Country

Citrus

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLEN C. ABBOTT
 708 N. SUNCOAST BLVD.
 CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name **June Meadows**
 Street Address (P.O. Box Number is Not Acceptable)
955 S.E. Mayo Drive
 City **Crystal River FL** Zip Code **34429**

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

June Meadows **June Meadows** **2/28/01**

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

(NOTE: Registered Agent signature required when releasing)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	BALTHIS, BILL	849 SE MAYO DR	CRYSTAL RIVER FL	<input checked="" type="checkbox"/>
S	TURNER, FRED	905 SE MAYO DR	CRYSTAL RIVER FL	<input checked="" type="checkbox"/>
T	GRAHAM, JOANN	807 SW MAYO DRIVE	CRYSTAL RIVER FL 34429	<input checked="" type="checkbox"/>
D	CHRISTIANO, SUE	P.O. BOX 548	SANDWICH MA 02563	<input type="checkbox"/>
D	ED WISDOM	813 SE MAYO DR	CRYSTAL RIVER FL	<input checked="" type="checkbox"/>
D	MECKSTROTH, JOHN	851 SE MAYO DRIVE	CRYSTAL RIVER FL 34429	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	Enders, Peter	901 SE Mayo Drive	Crystal River, FL 34429	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Meadows, June O.	955 S.E. Mayo Drive	Crystal River, FL 34429	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Shumway, Dorothy	913 S.E. Mayo Drive	Crystal River, FL 34429	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	CHRISTIANO, Susan M.	943 S.E. Mayo Drive	Crystal River, FL 34429	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Nichols, Alexandria	847 S.E. Mayo Drive	Crystal River, FL 34429	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 817, 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:

Susan M. Christiano **Susan M. Christiano** **352-564-0609**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRRE037 (10/00)