

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90076 032 ****61.25

DOCUMENT # N36051 1. Entity Name CRYSTAL LANDINGS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 955 SE MAYO DRIVE CRYSTAL RIVER FL 34429 US			Mailing Address P.O. BOX 1581 CRYSTAL RIVER FL 34423		
2. Principal Place of Business 861 SE MAYO DRIVE Suite, Apt. #, etc. CRYSTAL RIVER, FL City & State		3. Mailing Address 861 SE Mayo Dr. Suite, Apt. #, etc. CRYSTAL RIVER, FL City & State			
Zip 34429	Country USA	Zip 34429	Country USA	4. FEI Number 59-3219198	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MEADOWS, JUNE 955 SE MAYO DRIVE CRYSTAL RIVER FL 34429			7. Name and Address of New Registered Agent Name Meadows, June Street Address (P.O. Box Number is Not Acceptable) 955 SE MAYO DR CRYSTAL RIVER City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VS NAME KEITH, CAROL STREET ADDRESS 951 SE MAYO DR. CITY-ST-ZIP CRYSTAL RIVER FL 34429	<input checked="" type="checkbox"/> Delete		TITLE VP + S NAME RALPH Martore STREET ADDRESS 853 SE MAYO DR CITY-ST-ZIP CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MEADOWS, JUNE O STREET ADDRESS 955 SE MAYO DRIVE CITY-ST-ZIP CRYSTAL RIVER FL 34429	<input checked="" type="checkbox"/> Delete		TITLE Acting TREASURER NAME JLINDA McPIKE STREET ADDRESS 845 SE MAYO DR. CITY-ST-ZIP CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HEMMERICH, CAROLE STREET ADDRESS 9844 W. TOM MASON DR. CITY-ST-ZIP CRYSTAL RIVER FL 34428	<input checked="" type="checkbox"/> Delete		TITLE ASSISTANT TREASURER NAME Diane G. Hemmer STREET ADDRESS 907 SE MAYO DR CITY-ST-ZIP CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VS NAME IVORY, RUTH STREET ADDRESS 945 SE MAYO DR. CITY-ST-ZIP CRYSTAL RIVER FL 34429	<input checked="" type="checkbox"/> Delete		TITLE TREASURER NAME RUTH IVORY STREET ADDRESS 945 SE MAYO DR CITY-ST-ZIP CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HUDSON, RICHARD STREET ADDRESS 809 SE MAY DR. CITY-ST-ZIP CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete		TITLE D NAME Renee Rogers STREET ADDRESS 905 SE MAYO DR CITY-ST-ZIP CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME IVORY, RUTH STREET ADDRESS 945 SE MAYO DR. CITY-ST-ZIP CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete		TITLE D NAME Richard Rogers STREET ADDRESS 905 SE MAYO DR. CITY-ST-ZIP CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: RUTH IVORY RUTH IVORY 01/30/05 3525635844 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					