2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED AND FILED

06 OCT 31 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36051

1. Entity Name
CRYSTAL LANDINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
861 SE MAYO DRIVE CRYSTAL RIVER, FL 34429 US	861 SE MAYO DRIVE CRYSTAL RIVER, FL 34429 US

09112006 Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEADOWS, JUNE 955 SE MAYO DRIVE CRYSTAL RIVER, FL 34429	Name: DOROTHY SHUMWAY Street Address (P.O. Box Number is Not Acceptable): 949 SE MAYO DR. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Dorothy D Shumway
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	C MARTONE, RALPH 853 SE MAYO DR CRYSTAL RIVER, FL 34429	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENRY BRANCATO P.O. BOX 2041 CRYSTAL RIVER, FL 34428 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S MCPIKE, LINDA 845 SE MAYO DR CRYSTAL RIVER, FL 34429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOROTHY SHUMWAY 949 SE MAYO DR CRYSTAL RIVER, FL 34429 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT SCHEMBER, DIANE 907 SE MAYO DR CRYSTAL RIVER, FL 34429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000080965620 10/18/06--01053--013 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T IVORY, RUTH 945 SE MAYO DR. CRYSTAL RIVER, FL 34429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RUTH IVORY 815 SE MAYO DR CRYSTAL RIVER, FL 34429 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUDSON, RICHARD 809 SE MAY DR. CRYSTAL RIVER, FL 34429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEADOWS, JUNE 955 SE MAYO DR CRYSTAL RIVER, FL 34429	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Linda McPike 10-29-06 (352) 795-1346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #