

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90081 017 \*\*\*\*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  
U.S.**

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

☐ CHECK HERE IF MAKING CHANGES



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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **ENDERS, PETER**  
STREET ADDRESS **901 SE MAYO DRIVE**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **T** ☐ Delete  
NAME **MEADOWS, JUNE O**  
STREET ADDRESS **955 SE MAYO DRIVE**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **VS** ☐ Delete  
NAME **SHUMWAY, DOROTHY D**  
STREET ADDRESS **913 SE MAYO DRIVE**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **D** ☒ Delete  
NAME **NICHOLS, ALEXANDRIA**  
STREET ADDRESS **847 SE MAYO DRIVE**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **D** ☒ Delete  
NAME **LAMONDIA, LOIS**  
STREET ADDRESS **843 SE MAYO DRIVE**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **SHUMWAY, DOROTHY D.**  
CITY-ST-ZIP **949 SE MAYO DRIVE  
CRYSTAL RIVER, FL 34429**

TITLE ☐ Change ☒ Addition  
NAME **V/S**  
STREET ADDRESS **RUTH IVORY**  
CITY-ST-ZIP **945 SE MAYO DRIVE  
CRYSTAL RIVER, FL 34429**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **RICHARD HUDSON**  
CITY-ST-ZIP **809 SE MAYO DRIVE  
CRYSTAL RIVER, FL 34429**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Signature Required*

**MEADOWS** 1/28/03

(352) 563-2588

CR2E037 (10/02)