

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90135 019 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000002294**

1. Corporation Name  
**CRYSTAL LAKE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business 3298 SUMMIT BLVD. SUITE 4 PENSACOLA FL 32504 US	Mailing Address 3298 SUMMIT BLVD. SUITE 4 PENSACOLA FL 32504 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/24/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3411140
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ETHERIDGE, RAY O ETHERDIGE PROPERTY MGMT. 3298 SUMMIT BLVD. SUITE 4 PENSACOLA FL 32503		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGILL, J	1.2 NAME	Eric Nelson
STREET ADDRESS	1116 MERRIE WAY	1.3 STREET ADDRESS	1136 Merrie Way
CITY-ST-ZIP	PENSACOLA FL 32504	1.4 CITY-ST-ZIP	Pensacola, Fl. 32514
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIROVOGEL, W	2.2 NAME	Connie Nelson
STREET ADDRESS	1120 MERRIE WAY	2.3 STREET ADDRESS	1136 Merrie Way
CITY-ST-ZIP	PENSACOLA FL 32504	2.4 CITY-ST-ZIP	Pensacola, Fl. 32514
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD, G	3.2 NAME	Joe Cunningham
STREET ADDRESS	1121 MERRIE WAY	3.3 STREET ADDRESS	1140 Merrie Way
CITY-ST-ZIP	PENSACOLA FL 32504	3.4 CITY-ST-ZIP	Pensacola, Fl. 32514
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Wyatt Golson
STREET ADDRESS		4.3 STREET ADDRESS	1127 Merrie Way
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pensacola, Fl. 32514
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eric Nelson DATE: 4/17/99 DAYTIME PHONE #: 850-434-3585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0477766

CR2E037 (1/1/98)