## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 11, 2001 8:00 am § Secretary of State DOCUMENT # N96000002294 1. Entity Name CRYSTAL LAKE HOMEOWNERS ASSOCIATION, INC. 04-11-2001 90013 009 \*\*\*\*61.25 Principal Place of Business Mailing Address 3298 SUMMIT BLVD. 3298 SUMMIT BLVD. 525945 SUITE 4 SUITE 4 PENSACOLA FL 32504 PENSACOLA FL 32504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3411140 Not Applicable Country \$8.75 Additional Fee Required \_ Zip\_ Country Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ETHERIDGE, RAY O ETHERDIGE PROPERTY MGMT. 3298 SUMMIT BLVD. SUITE 4 Zip Code City PENSACOLA FL 32503 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** DATE Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change DP TITLE Delete TITLE Gary Richardson NAME **NELSON, ERIC** NAME Tizo merrie way STREET ADDRESS STREET ADDRESS 1136 MERRIE WAY CITY-ST-ZIP Pensaccia Fl. 32514 CITY-ST-ZIP PENSACOLA FL 32514 Delete DVP Change Addition TITLE ST TITLE Beth Codd hagen NAME TELFER, GRACE NAME 1124 mance way STREET ADDRESS 1107 MERRIE WAY. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Peubacela FL 32514 PENSACOLA FL 32514 Change Delete Addition TITLE シナロ TITLE GOLDHAGEN, MARK NAME NAME Alexu Larson STREET ADDRESS STREET ADDRESS 1149 memie way Peusacela Fl. 32514 1124 MERRIE WAY CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 Change | ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 a addre

**SIGNATURE**