

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90267 003 ****61.25

DOCUMENT # N96000002294

1. Entity Name

CRYSTAL LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3298 SUMMIT BLVD.
 SUITE 4
 PENSACOLA FL 32504
 US**

**3298 SUMMIT BLVD.
 SUITE 4
 PENSACOLA FL 32504
 US**

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

59-3411140

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ETHERIDGE, RAY O
 ETHERDIGE PROPERTY MGMT.
 3298 SUMMIT BLVD. SUITE 4
 PENSACOLA FL 32503**

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
 NAME **RICHARDSON, GARY**
 STREET ADDRESS **1120 MERRIE WAY**
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **DP** Change Addition
 NAME **James McGill**
 STREET ADDRESS **1116 Merrie Way**
 CITY-ST-ZIP **Pensacola FL 32514**

TITLE **DVP** Delete
 NAME **CODDHANGER, BETH**
 STREET ADDRESS **1124 MERRIE WAY**
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **DVP** Change Addition
 NAME **Grace Telfer**
 STREET ADDRESS **1107 merrie way**
 CITY-ST-ZIP **Pensacola FL 32514**

TITLE **STD** Delete
 NAME **LARSEN, ALEXIE**
 STREET ADDRESS **1149 MERRIE WAY**
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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TITLE Delete
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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: *James McGill* **SIGNATURE REQUIRED** **McGILL** **4-3-02** **850-434-3585**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)