

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003023

1. Entity Name

CRYSTAL CREEK PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90014 023 \*\*\*\*61.25

Principal Place of Business

Mailing Address

9551 BAYMEADOWS ROAD  
SUITE 4  
JACKSONVILLE FL 32256

9551 BAYMEADOWS ROAD  
SUITE 4  
JACKSONVILLE FL 32256-7938

2. Principal Place of Business

920 Third Street

Suite, Apt. #, etc.

Suite B

City & State

Neptune Beach, FL

Zip

32266

Country

USA

3. Mailing Address

920 Third Street

Suite, Apt. #, etc.

Suite B

City & State

Neptune Beach, FL

Zip

32266

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3557606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALLACE, L. DENISE  
9551 BAYMEADOWS ROAD  
SUITE 4  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

920 Third Street, Suite B

City

Neptune Beach, FL

FL

Zip Code

32266

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

Wallace, L. Denise

1/17/00

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

TITLE PD ☐ Delete  
NAME KNOWLES, MARK A  
STREET ADDRESS 3840 CROWN POINT ROAD, SUITE A  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VPD ☐ Delete  
NAME HOLLAND, BEVERLY J  
STREET ADDRESS 3840 CROWN POINT ROAD, SUITE A  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE STD ☐ Delete  
NAME WALLACE, L. DENISE  
STREET ADDRESS 9551 BAYMEADOWS ROAD, SUITE 4  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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:

*Mark Knowles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)