2004 NOT-FOR-PROFIT CORPORATION

Apr 16, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # N98000003023** 04-16-2004 90049 045 ****61.25 CRYSTAL CREEK PROPERTY OWNERS ASSOCIATION. Principal Place of Business Mailing Address **エオハハりりの**り 920 THIRD STREET 920 THIRD STREET NEPTUNE BEACH, FL 32266 NEPTUNE BEACH, FL 32266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-3557606 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALLACE, L. DENISE 920 THIRD STREET STE B Street Address (P.O. Box Number is Not Acceptable) NEPTUNE BEACH, FL 32266 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD Delete TITLE ☐ Change ☐ Addition KNOWLES, MARK A NAME NAME STREET ADDRESS 3840 CROWN POINT ROAD, SUITE A STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP TITLE **VPD** ☐ Delete TITLE ☐ Change ☐ Addition NAME HOLLAND, BEVERLY J NAME STREET ADDRESS 3840 CROWN POINT ROAD, SUITE A STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL 32257 CITY-ST-ZIP STD TITLE Change □ Delete TITLE ☐ Addition WALLACE, L. DENISE WALLACE, L. DENISE NAME NAME 920 3RD ST., STE B STREET ADDRESS 9551 BAYMEADOWS ROAD, SUITE 4 STREET ADDRESS NEPTUNE BCH, FL 32266 CITY-ST-7IP JACKSONVILLE, FL 32256 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

Daytime Phone #

FILED