

FILE NOW: FILING FEE IS \$61.25

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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90059 008 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003531

1. Corporation Name

CRYSTAL RIVER COUNTRY ESTATES ASSOCIATION INC

Principal Place of Business
**1897 N SQUIRREL TREE AVE
LECANTO FL 34461**

Mailing Address
**1897 N SQUIRREL TREE AVE
LECANTO FL 34461**



91150-90059.8

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/16/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		Applied For	
Country		Country		☒ Not Applicable	
24		29		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
26		31		Trust Fund Contribution ☐	

9. Name and Address of Current Registered Agent

**PHELPS, RONALD
1897 N SQUIRREL TREE AVE
LECANTO FL 34461**

10. Name and Address of New Registered Agent

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

Ronald Phelps
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PHELPS, RON	1.2 NAME	
STREET ADDRESS	1897 N SQUIRREL TREE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL 34461	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TALLEY, WALTER	2.2 NAME	
STREET ADDRESS	1897 N SQUIRREL TREE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL 34461	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TALLEY, LORETTO	3.2 NAME	
STREET ADDRESS	1897 N SQUIRREL TREE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL 34461	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JENKINS, PATSY	4.2 NAME	
STREET ADDRESS	1897 N SQUIRREL TREE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL 34461	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/99

352-7460063

CR2E037 (11/98)