2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 08, 2001 8:00 am
Secretary of State
01-16-2001 90012 012 ****61.25

DOCUMENT # N98000003531

1. Entity Name

CRYSTAL RIVER COUNTRY ESTATES ASSOCIATION INC

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1629 N Crooked Branch	1629 N Crooked Branch
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO Box 338
City & State: Lecanto	City & State: Lecanto, FL
Zip: 34461 Country: Citrus	Zip: 34460 Country: Citrus

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~PHELPS, RONALD~~ 1897 N SQUIRREL TREE AVE LECANTO FL 34461	Name: Harold Greenway Street Address (P.O. Box Number is Not Acceptable): 1629 N Crooked Branch City: Lecanto FL Zip Code: 34461

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: HAROLD GREENWAY Harold Greenway 1-3-2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHELPS, RON 1897 N SQUIRREL TREE AVE LECANTO FL 34461	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President D Harold Greenway 1629 N Crooked Branch Lecanto, FL 34461	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GREEN WAY, HAROLD 1629 N. CROOKED BRANCH LECANTO FL 34461	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Mrs Betty Tow 1550 N Crooked Branch Lecanto, FL 34461	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCINTOSH, JEANNE 2705 W. LIVE OAK ST LECANTO FL 34461	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary D JEANNE MCINTOSH 2705 W. LIVE OAK ST LECANTO, FL 34461	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENKINS, PATSY 1897 N SQUIRREL TREE AVE LECANTO FL 34461	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer D PATSY JENKINS 1897 SQUIRREL TREE AV LECANTO, FL 34461	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Harold Greenway SIGNATURE REQUIRED 1-3-2001 (352) 746-2210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #