

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717804 (9)

1. Corporation Name

CRYSTAL LAKE CIVIC LEAGUE INC.



Principal Place of Business

Mailing Address

**1101 CRYSTAL LAKE DRIVE
#108
POMPANO BEACH FL 33064
US**

**1101 CRYSTAL LAKE DR APT 108
POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified
12/23/1969

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 4600 N.W. 12th Drive

26 4600 N.W. 12th Drive

4. FEI Number
23-7132387

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Pompano Beach, Fl.

28 Pompano Beach, Fl.

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 33064

25 Broward

29 33064

30 Broward

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SINGLER, CARL
1101 CRYSTAL LK DR.
POMPANO BEACH FL 33064**

81 Name

Kirkpatrick John J.

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

4600 N.W. 12th Drive

83

84 City

Pompano Beach,

FL

85 Zip Code
33064

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

John J. Kirkpatrick

John J. Kirkpatrick, PT

April 17, 1996

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE
NAME **SINGLER, CARL**
STREET ADDRESS **1101 CRYSTAL LK DR.**
CITY-ST-ZIP **POMPANO BEACH, FL 00000**

TITLE **VD** ☐ DELETE
NAME **AUFIERO, ANTHONY**
STREET ADDRESS **4550 NW 18TH AVE**
CITY-ST-ZIP **POMPANO BEACH, FL 00000**

TITLE **PD** ☒ DELETE
NAME **KIRKPATRICK, JOHN**
STREET ADDRESS **4600 NW 12 DR.**
CITY-ST-ZIP **POMPANO BCH. FL**

TITLE **VD** ☐ DELETE
NAME **ROSENBERG, HARRY**
STREET ADDRESS **1101 CRYSTAL LAKE DRIVE**
CITY-ST-ZIP **POMPANO BCH. FL**

TITLE **SD** ☐ DELETE
NAME **SAVAGE, THEODORE H.**
STREET ADDRESS **4831 NW 18TH AVE**
CITY-ST-ZIP **POMPANO BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PT** ☒ Change ☐ Addition
1.2 NAME **Kirkpatrick John J.**
1.3 STREET ADDRESS **4600 N.W. 12th Drive**
1.4 CITY-ST-ZIP **Pompano Beach, Fl. 33064**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **VD** ☐ Change ☒ Addition
3.2 NAME **Foure Yvonne C.**
3.3 STREET ADDRESS **1290 45th Court**
3.4 CITY-ST-ZIP **Pompano Beach, Fl. 33064**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

John J. Kirkpatrick

John J. Kirkpatrick, 4/17/96 954-781-4620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)