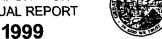
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). FLORIDA DEPARTMENT OF STATE

NONPROFIT CORPORATION ANNUAL REPORT



Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N98000003541

1. Corporation Name

CRYSTAL GLEN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

1105 KENSINGTON PARK DR ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

Mailing Address

2a. Mailing Address

1105 KENSINGTON PARK DR ALTAMONTE SPRINGS FL 32714

FILED Jul 28, 1999 8:00 am Secretary of State

07-28-1999 90010 005 ****61.25

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3. Date Incorporated or Qualifed

21		26								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				4. FEI Number	-	App	lied For
22	-	27	_~ *-				353837	٣	Not	Applicable
City & Stat	е		City & State				5. Certificate of Status Desired		\$8.75 A	
23		28					5. Certificate of Status Desired		Fee Rec	quired
Zip	Country		Zip	Count	try		6. Election Campaign Financing		\$5.00	May Be
24	25	29		30			Trust Fund Contribution		Added to	Fees
	9. Name and Address of Currer	ıt Regis	tered Agent				10. Name and Address of New	Registered	Agent	
				[8	31	Name				
RECKETT	МЛІ І ІАМ A) <u>.</u>	22	Stroot Addres	es (P.O. Boy Number is Not Accent	able)		
BECKETT, WILLIAM A 215 N EOLA DR					82 Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32801										
OUDVINDO) FL 32801			<u> </u>	_					
				18	34	City		FL	85 Zip C	ode
dd Disassand	to the provisions of Sections 617.050	2 and 6	17 1508 Florida Statut	es the ah	200	-named como	ration submits this statement for the	purpose of	changing its	registered
office or r	registered agent, or both, in the State	of Florid	fa. Such change was a	uthonzed i	dy t	he corporation	s board of directors. I hereby acce	pt the appo	ntment as reg	istered
agent. † a	m familiar with, and accept the obliga	itions of,	Section 617.0503, Flor	rida Statut	e \$.					
SIGNATURE								DATE		
	Signature, typed or printed name of registered age				gent	signature required	when reinstating) ADDITIONS/CHANGES TO OI		ID DIRECTO	RS IN 12
12.	OFFICERS AN	אוט טואב	DELETE	13.	_		ADDITIONS/CHANGES TO OF	TIOLING AL	Change	Addition
TITLE	PD		☐ bereie	1,1 1111⊔		ì			□ Onlango	
NAME	MANDELL, ROBERT A			1.2 NAM						
STREET ADDRESS	1105 KENSINGTON PARK DR			1.3 STR	EET.	ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 327	14		1.4 CITY	-ST	-ZIP				
TITLE	VD	_	☐ DELETE	2.1 TITU	Ε				Change	☐ Addition
NAME	CONLEY, HAMPTON P		•	2.2 NAM	Œ	ļ				
STREET ADDRESS	1105 KENSINGTON PARK DR			2.3 STR	EET.	ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 327	14		2.4 CIT	Y-ST	r-żie				
TITLE	STD		☐ DELETE	3.1 TITL	E				☐ Change	Addition
NAME	SNYDER, SIMON			3.2 NAM	Œ	}				
STREET ADDRESS	1105 KENSINGTON PARK DR			3.3 STR	EET.	ADDRESS				
	ALTAMONTE SPRINGS FL 327	1.4		3.4, CIT		\ \				
CITY-ST-ZIP	ALIAMONTE OF MINGS FE 32/	17	DELETE	4.1 TITL	_				☐ Change	Addition
NAME				4.2 NA						
						ADDRESS				
STREET ADDRESS				- 6		1				
CITY-ST-ZIP			☐ DELETE	4.4 CITY		-ZIP			Change	Addition
TITLE			☐ OECETE	5.1 YTTL 5.2 NAM					ுகள்கு	
NAME						ADDRESS .				
STREET ADDRESS	The first			4		ADDRESS				
CITY-ST-ZIP				5.4 CITY		-ZIP			[70]	C A June.
TITLE			☐ DELETE	6.1 TITL		+			Change	Addition Addition
NAME	1			6.2 NAM	Æ					
STREET ADDRESS	}			6.3 STR	EET.	ADDRESS				
CITY-ST-ZIP				6.4 CITY	/-ST	-ZIP			,	
	certify that the information supplied w	ith thin #		11 Alban	- 42		action 110 07/2\/i) Elorida Statutos	I further on	etify that the in	formation

indicated on this annual report or supplemental annual reports 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-impowered 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. NYDER

SIGNATURE: