

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90166 022 ****61.25

DOCUMENT # N98000003541

1. Entity Name

CRYSTAL GLEN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

1105 KENSINGTON PARK DR
 ALTAMONTE SPRINGS FL 32714

Mailing Address

1105 KENSINGTON PARK DR
 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

2922 Rollman Rd.

Suite, Apt. #, etc.

3. Mailing Address

3044 Rollman Road

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32837

Country

Zip

32837

Country

4. FEI Number

59-3538374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BECKETT, WILLIAM A
 215 N EOLA DR
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Andrew Anguelo

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

2922 Rollman Rd.

City Orlando

FL

Zip Code

32837

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

Andrew Anguelo President

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

(NOTE: Registered Agent signature required when reinstating)

04-09-02

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MANDELL, ROBERT A	
STREET ADDRESS	1105 KENSINGTON PARK DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CONLEY, HAMPTON P	
STREET ADDRESS	1105 KENSINGTON PARK DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, SIMON	
STREET ADDRESS	1105 KENSINGTON PARK DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew Anguelo	
STREET ADDRESS	2922 Rollman Rd.	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE	VO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elena Outlan	
STREET ADDRESS	3023 Lazlo Lane	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE	TO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Narish Manghnan	
STREET ADDRESS	11132 Crystal Glen Blvd.	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE	SO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna Miller	
STREET ADDRESS	3044 Rollman Rd.	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom McManus	
STREET ADDRESS	2730 Whisper Glen Court	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Andrew Anguelo President

04-09-02

407-852-6530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)