

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90079 039 *****61.25

DOCUMENT # N98000003541

1. Entity Name
CRYSTAL GLEN HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**1633 E VINE ST
SUITE 110
KISSIMMEE, FL 34744**

Mailing Address
**1633 E VINE ST
SUITE 110
KISSIMMEE, FL 34744**

50061512



2. Principal Place of Business
8009 S. ORANGE AVE.
Suite, Apt. #, etc.

3. Mailing Address
8009 S. ORANGE AVE.
Suite, Apt. #, etc.

06302005 Chg-NP CR2E037 (10/03)

City & State
ORLANDO FL

City & State
ORLANDO, FL

4. FEI Number
59-3538374

Applied For
Not Applicable

Zip
32809-6711

Country
US

Zip
32809-6711

Country
US

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

6. Name and Address of Current Registered Agent

**HOEPKER, TODD M
390 N ORANGE AVE
SUITE 1800
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

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

8009 S. Orange Ave

City
Orlando

FL

Zip Code
32809

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rebecca J. Miller

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
DRACO, CHRISTOPHER J
PO BOX 691898
ORLANDO, FL 32869** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MCMANUS, THOMAS H
2720 WHISPER GLEN CT
ORLANDO, FL 32837** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ROMERO, RICHARD
2923 ROLLMAN RD
ORLANDO, FL 32837** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
GRACE CALZADA
11227 CRYSTAL GLEN BLVD
ORLANDO, FL 32837** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MOHAMMED SHAIKH
3048 LAZLO LN
ORLANDO, FL 32837** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Christine Davis

6-30-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #