

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003541

FILED
Apr 26, 2006
Secretary of State

Entity Name: CRYSTAL GLEN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8009 S ORANGE AVE
ORLANDO, FL 328096711

New Principal Place of Business:

Current Mailing Address:

8009 S ORANGE AVE
ORLANDO, FL 328096711

New Mailing Address:

FEI Number: 59-3538374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOEPKER, TODD M
8009 S ORANGE AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT, INC.
8009 S ORANGE AVE
ORLANDO, FL 32809 US

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: LELAND MANAGEMENT, INC.

04/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: DRACO, CHRISTOPHER J
Address: PO BOX 691898
City-St-Zip: ORLANDO, FL 32869

Title: VD () Delete
Name: CALZADA, GRACE
Address: 11227 CRYSTAL GLEN BLVD
City-St-Zip: ORLANDO, FL 32837

Title: TD () Delete
Name: SHAIKH, MOHAMMED
Address: 3048 LAZLO LN
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DRACO, CHRISTOPHER J
Address: 3049 LAZLO LANE
City-St-Zip: ORLANDO, FL 32837

Title: VP (X) Change () Addition
Name: SHAW, JASON
Address: 2821 LAZLO LANE
City-St-Zip: ORLANDO, FL 32837

Title: S/T (X) Change () Addition
Name: SHAIKH, MOHAMMED
Address: 3048 LAZLO LN
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER DRACO

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date