

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N08288

1. Entity Name
CRYSTAL PALACE FM ASSOCIATION, INC.



Principal Place of Business
**11655 RANDOLPH SIDING RD.
JUPITER, FL 33478-6158 US**

Mailing Address
**11655 RANDOLPH SIDING RD.
JUPITER, FL 33478-6158 US**



01212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2518877

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUCAS, KATHLEEN S.
11655 RANDOLPH SIDING ROAD
JUPITER, FL 33478**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LUCAS, HENRY
STREET ADDRESS 11655 RANDOLPH SIDING RD
CITY-ST-ZIP JUPITER, FL 33478

TITLE STD
NAME LUCAS, KATHLEEN
STREET ADDRESS 11655 RANDOLPH SIDING RD
CITY-ST-ZIP JUPITER, FL 33478

TITLE VD
NAME LUCAS, PHILLIP S
STREET ADDRESS 800 PALISADO AVE
CITY-ST-ZIP WINDSOR, CT 060952072

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000832788
02/27/08-80072-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Kathleen S. Lucas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen S. Lucas

2/13/08
Date

561-746-1359
Daytime Phone #