


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N25630 1. Entity Name CRYSTAL GLEN PROPERTY OWNERS' ASSOCIATION, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 DEC 19 AM 8:15	
Principal Place of Business 1414 SO CHATSWORTH PT LECANTO, FL 34461 US				Mailing Address PO BOX 377 LECANTO, FL 34460 US			
2. Principal Place of Business - No P.O. Box # 1070 S. SOFTWIND LOOP				3. Mailing Address Suite, Apt. #, etc.			
City & State LECANTO FL				City & State			
Zip 34461		Country USA		Zip		Country	
4. FEI Number 59-2929757				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HASKINS, JOHN B 1414 SO CHATSWORTH PT LECANTO, FL 34461				7. Name and Address of New Registered Agent Name SHEILA JACOBS Street Address (P.O. Box Number is Not Acceptable) 1070 S. SOFTWIND LOOP City LECANTO FL Zip Code 34461			
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 <u><i>Sheila Jacobs</i></u> <u><i>Sheila Jacobs (PRESIDENT)</i></u> <u><i>12-1-08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HASKINS, JOHN B 1414 SO CHATSWORTH PT LECANTO, FL 34461 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500133172605 12/19/08--01036--011 **51.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURPHY, MARILYN 1145 SO SOFTWIND LOOP LECANTO, FL 34461 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACOBS, SHEILA 1070 SO SOFTWIND LOOP LECANTO, FL 34461 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS SHEILA 1070 S SOFTWIND LOOP LECANTO FL 34461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLARK, EDWARD 3930 W. FEATHER EDGE CT LECANTO, FL 34461 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARBARA GUTHRIDGE VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1015 S CROOKFIELD DR LECANTO FL 34461		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHIER, MICHAEL 3912 W. FEATHEREDGE CT LECANTO, FL 34461 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRISCILLA LARSON VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1342 S CROOKFIELD DR LECANTO, FL 34461		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JEAN SCOTTY 1192 S SOFTWIND LOOP LECANTO FL 34461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: <u><i>Sheila Jacobs</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u><i>12-1-08</i></u> <small>Date</small>			
352- 270-3073 <small>Daytime Phone #</small>				12/22/08			