


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # 483941**

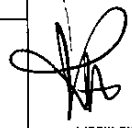
1. Entity Name  
**CRYSTAL BAY MOBILE HOME CLUB, INC.**



**FILED**

**07 MAY 25 PM 1:35**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




**REINSTATEMENT 06-07**

Principal Place of Business      Mailing Address  
**1 SCHOONER DRIVE**      **1 SCHOONER DRIVE**  
**PALM HARBOR, FL 34683 US**      **PALM HARBOR, FL 34683 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-1708805**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CIANFRONE, JOSEPH R.**  
**1968 BAYSHORE BLVD.**  
**DUNEDIN, FL 34698**

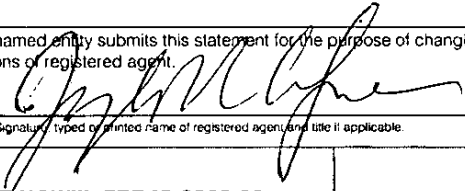
**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      Zip Code

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:       DATE: **4/29/07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC/D <input checked="" type="checkbox"/> Delete HARRIS, HOMER E 102 SCHOONER DRIVE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Delete HILTS, PATRICIA 104 SCHOONER DRIVE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Delete GLODOWSKI, JEANETTE 1 SCHOONER DR. PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input type="checkbox"/> Delete DOYLE, AUDREY 74 YAWL LANE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input type="checkbox"/> Delete EDIE, VIVIAN 80 YAWL LANE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input type="checkbox"/> Delete WIRIG, JOAN 2 YAWL LANE PALM HARBOR, FL 34683

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICHARD ZABRODNIK 32 YAWL LANE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DONALD ZACHARIASEN 46 SCHOONER DR. PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LEO IRONIN 69 SCHOONER DR PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900103431519 05/29/07--01032--001 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 607, 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:       Date: **5- - 07**      Daytime Phone #: **727-773-1551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR