2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 483941

Entity Name: CRYSTAL BAY MOBILE HOME CLUB, INC.

FILED Apr 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1 SCHOONER DRIVE PALM HARBOR, FL 34683 US **Current Mailing Address: New Mailing Address:** 1 SCHOONER DRIVE PALM HARBOR, FL 34683 US FEI Number: 59-1708805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CIANFRONE, JOSEPH R. 1968 BAYSHORE BLVD. DUNEDIN, FL 34698 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WITHAM, ELIZABETH RILEY, CYNTHIA MRS Name: Name: 66 SCHOONER DR 105 SCHOONER DR Address: Address: PALM HARBOR, FL 34683 City-St-Zip: City-St-Zip: PALM HARBOR, FL 34683 SD Title: VD Title: () Delete (X) Change () Addition MALINOWSKI, DAVE MR RILEY, CYNTHIA A Name: Name: 105 SCHOONER DR 39 YAWL LN Address: Address: PALM HARBOR, FL 34683 US PALM HARBOR, FL 34683 US City-St-Zip: City-St-Zip: Title: (X) Change () Addition () Delete Title: KELLY, WILLIAM KELLY, WILLIAM MR Name: Name: 57 SCHOONER DR 57 SCHOONER DR Address: Address: PALM HARBOR, FL 34683 US City-St-Zip: PALM HARBOR, FL 34683 US City-St-Zip: Title: CFO () Delete Title: CFO (X) Change () Addition EDIE, VIVIAN MARY LOU, GIGLIO MRS Name: Name: Address: 80 YAWL LANE Address: 60 SCHOONER City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34683 Title: TD Title: (X) Change () Addition () Delete WIRIG, JOAN Name: SILVEY, JANET MRS Name: 2 YAWL LANE Address: 95 SCHOONER DR Address: PALM HARBOR, FL 34683 US City-St-Zip: City-St-Zip: PALM HARBOR, FL 34683 US Title: () Delete Title: () Change (X) Addition KELLY, LORRAINE MRS Name: Name: Address: Address: 57 SCHOONER DR. City-St-Zip: City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA RILEY PD 04/26/2009