


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

03-31-1999 90013 039 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 708303					
1. Corporation Name CRYSTAL LAKE MOBILE HOMEOWNERS' ASSOCIATION, INC					
Principal Place of Business 9301 49 STREET NORTH PINELLAS PARK FL 34666 US			Mailing Address 93089 5TH ST. PINELLAS PARK FL 33782 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/29/1964	
22 City, & State		27 City, & State		4. FEI Number	
23 Zip		28 Zip		70-8303621	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SUZANNE GOLDER 93097 5TH ST PINELLAS PARK FL 33782				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Suzanne Golder (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE PD LEON POITRAS 93252 CIR PINELLAS PARK FL 33782				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE VPD GARLOW, KAY 203 1ST ST PINELLAS PARK FL				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE VPD LACHANCE, FERN 93084 6TH STREET PINELLAS PARK FL				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition UPD Sheldon Allen 93200 1st St PINELLAS PARK FL 33782			
TITLE <input type="checkbox"/> DELETE DT SUZANNE GOLDER 93097 5TH ST PINELLAS PARK FL 33782				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE DS WOODLAND, JOAN 93193 2ND ST PINELLAS PARK FL				5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DS JANET BAKER 93137 FORT ST PINELLAS PARK, FL 33782			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Suzanne Golder SIGNATURE REQUIRED 3-26-99 727-545-2263

CR2F037 (11/98)