

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90006 001 ****61.25

DOCUMENT # 708303

1. Entity 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

00058000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

93101 5TH ST

City & State

City & State

PINELLAS PARK

4. FEI Number

70-8303621

Applied For

Not Applicable

Zip

Country

Zip

Country

33782

PINELLAS

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAEFER, PATRICIA L
 93110 5TH ST
 PINELLAS PARK FL 33782

7. Name and Address of New Registered Agent

Name

SHIRLEY BOYD

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

93101 5TH ST

City

PINELLAS PARK

FL

Zip Code

33782

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.

SIGNATURE

Shirley Boyd

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating

DATE

6-4-01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEON POITRAS	
STREET ADDRESS	93252 CIR	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, SHELDON	
STREET ADDRESS	93200 FIRST ST	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GARLOW, KATHERINE	
STREET ADDRESS	93203 -1ST. ST	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SCHAEFFER, PATRICIA L	
STREET ADDRESS	93110 5TH ST	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	JENSEN, DARLENE	
STREET ADDRESS	93186 -2ND ST	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN KNESTAUT	
STREET ADDRESS	93181 3RD ST	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD SOMERVILLE	
STREET ADDRESS	93244 CIRCLE	
CITY-ST-ZIP	PINELLAS PARK FL 88782	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT PARCELLES	
STREET ADDRESS	93085 6TH ST	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAROLYN NELSON	
STREET ADDRESS	93123 4TH ST	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY BOYD	
STREET ADDRESS	93101 5TH ST	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Joan Kneustaut JOAN KNEUSTAUT PRES 6/4/01 727-544-2093

CR2E037 (10/00)