2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710219

FILED Apr 29, 2009 Secretary of State

Entity Name: CRYSTAL LAKE 941 ASSOCIATION, INC. (A CONDOMINIUM ASSOCIATION)

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	TAL LAKE DR	₹.			
# 415 POMPANO	BEACH, FL	33064			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
941 CRYS	TAL LAKE DR	₹.			
# 415 POMPANO	D BEACH, FL	33064			
FEI Number:	59-1209047	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
APT 102	KARKER TAL LAKE DR D BEACH, FL				
	named entity e of Florida.	submits this statement for th	e purpose of changing its register	red office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered	Agent	Date	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KARKER, HAR 941 CYRSTAL) Delete COLD PRES LAKE DR.#102 CACH, FL 33064	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NILSSON, KRI 941 CRYSTAL) Delete STINE V.PRES LAKE DR #103 ACH, FL 33064	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CORNAGLIA, A 941 CRYSTAL) Delete ANDREA TREAS LAKE DR. #206 ACH, FL 33064	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address:	CORNAGLIA, A 941 CRYSTAL POMPANO BE D (SCALEA, JOHI 941 CRYSTAL	ANDREA TREAS LAKE DR. #206 ACH, FL 33064) Delete	Name: Address:	() Change () Addition () Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	CORNAGLIA, A 941 CRYSTAL POMPANO BE D (SCALEA, JOHI 941 CRYSTAL POMPANO BE D (STINSON, DAN 941 CRYSTAL	ANDREA TREAS LAKE DR. #206 ACH, FL 33064) Delete NATHAN LAKE DR #409 ACH, FL 33064) Delete	Name: Address: City-St-Zip: Title: Name: Address:		

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD KARKER PD 04/29/2009