


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90158 035 \*\*\*\*61.25

<b>DOCUMENT # 715136</b>					
1. Entity Name CRYSTAL LAKE GOLF VILLAS ASSOCIATION, INC.					
Principal Place of Business 4791 NORTHWEST 18 AVENUE POMPAÑO BEACH, FL 33064			Mailing Address 4621 NW 12TH DRIVE POMPAÑO BEACH, FL 33064		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1655149	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILSON, KEITH 4621 NW 12TH DR POMPAÑO BEACH, FL 33064			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, KEITH			NAME	
STREET ADDRESS	4621 NW 12TH DR			STREET ADDRESS	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064			CITY-ST-ZIP	
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURES, SCOTT			NAME	Sean McFarland
STREET ADDRESS	1280 NW 47TH CT			STREET ADDRESS	4841NW 13th Ave, PompanoBch, FL 33064
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064			CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, VERNA			NAME	
STREET ADDRESS	1280 NW 45TH CT.			STREET ADDRESS	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064			CITY-ST-ZIP	
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, MELANIE			NAME	Nina Fortune
STREET ADDRESS	4731 NW 12TH DR			STREET ADDRESS	4741 NW 13th Ave, Pompano Bch, FL 33064
CITY-ST-ZIP	POMPAÑO Bch, FL 33064			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURER, PATRICIA			NAME	
STREET ADDRESS	4811 NW 13TH AVENUE			STREET ADDRESS	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 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: <i>Verna Schneider</i>		Secretary/Treasurer - 4/25/06		Date: 954-9466238	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
VERNA SCHNEIDER					

40065000



01182006 Chg-NP CR2E037 (11/05)

59-1655149 Applied For Not Applicable

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

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

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SIGNATURE: *Verna Schneider* Secretary/Treasurer - 4/25/06 Date: 954-9466238

VERNA SCHNEIDER