2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715136

Address:

City-St-Zip:

4731 NW 12TH DR

POMPANO BEACH, FL 33064

FILED Feb 04, 2009 Secretary of State

Entity Name: CRYSTAL LAKE GOLF VILLAS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4791 NORTHWEST 18 AVENUE POMPANO BEACH, FL 33064 **Current Mailing Address: New Mailing Address: 4621 NW 12TH DRIVE** POMPANO BEACH, FL 33064 FEI Number: 59-1655149 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: WILSON, KEITH 4621 NW 12TH DR POMPANO BEACH, FL 33064 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition WILSON, KEITH WILSON, KEITH Name: Name: 4621 NW 12TH DR Address: 4621 NW 12TH DR Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: POMPANO BEACH, FL 33064 Title: () Delete Title: (X) Change () Addition MCHUGH, GERARD Name: MCHUGH, GERARD Name: Address: 1281 NW 45 CT Address: 1281 NW 45 CT City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: POMPANO BEACH, FL 33064 Title: () Delete Title: () Change () Addition JAKOLENKO, VAL Name: Name: Address: 4821 NW 13TH AVE Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: FORTUNE, NINA Name: MARIE, WINDSOR 1291 NW 46TH STREET Address: 4741 NW 13TH AVE Address: City-St-Zip: POMPANO BCH, FL 33064 City-St-Zip: POMPANO BCH, FL 33064 Title: () Delete Title: (X) Change () Addition MAURER, PATRICIA MAURER, PATRICIA Name: Name: 4811 NW 13TH AVENUE 4811 NW 13TH AVENUE Address: Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: POMPANO BEACH, FL 33064 Title: () Delete Title: () Change () Addition HOFFMAN, MELANIE Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: PATRICIA A. MAURER MS. 02/04/2009