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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728717

1. Corporation Name

CRENSHAW LAKE IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

3624 CRENSHAW LAKE ROAD
LUTZ FL 33549

Mailing Address

3624 CRENSHAW LAKE ROAD
LUTZ FL 33549



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/05/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2760528

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEYCK, JOSEPH G. JR.
1240 BARNETT PLAZA
101 E. KENNEDY BLVD.
TAMPA FL 33602

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ATCHISON, CAROL
STREET ADDRESS 1804 VAN DYKE RD
CITY-ST-ZIP LUTZ FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME SHELL, HENRY
STREET ADDRESS 1309 N FLORIDA AVENUE
CITY-ST-ZIP TAMPA, FL 00000

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME HOLMES, MARY
STREET ADDRESS CRENSHAW LAKE RD 3612
CITY-ST-ZIP LUTZ FL 33549

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD
NAME HEYCK, JOSEPH G
STREET ADDRESS CRENSHAW LAKE RD. 3624
CITY-ST-ZIP LUTZ, FL 00000

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME HEYCK, MARILYN G
STREET ADDRESS CRENSHAW LAKE RD. 3624
CITY-ST-ZIP LUTZ FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HEYCK JR.

1/12/99 (813) 223-8351

Date Daytime Phone #

CR2E037 (11/98)