FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:31

DOCUMENT # **729579** **(3)**

1. Corporation Name
CRYSTAL LAKES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
390 LAKEVIEW DR. PO BOX 510864 MELBOURNE BEACH FL 32951	390 LAKEVIEW DR. PO BOX 510864 MELBOURNE BEACH FL 32951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2736757 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POPPLEIN, E. C. 395 SPOON BILL LANE MELBOURNE BCH FL 32951	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	CRUMMEY, PETER	1.2 NAME	RON COBB	
STREET ADDRESS	389 RIGGS AVENUE	1.3 STREET ADDRESS	430 SPOONBILL LANE	
CITY-ST-ZIP	MELBOURNE BEACH FL	1.4 CITY-ST-ZIP	MELBOURNE BCH, FLA 32951	
TITLE	VPD	2.1 TITLE	VICE-PRES	☒ Change ☐ Addition
NAME	INVORNONE, ROBERT	2.2 NAME	THOMAS ANDERLIK	
STREET ADDRESS	395 RIGGS AVENUE	2.3 STREET ADDRESS	450 ROSS AVE	
CITY-ST-ZIP	MELBOURNE BEACH FL	2.4 CITY-ST-ZIP	MELBOURNE BCH, FLA 32951	
TITLE	TD	3.1 TITLE	TREAS	☒ Change ☐ Addition
NAME	HARTWICK, ELIZABETH	3.2 NAME	ANTOINETTE MAJERNIK	
STREET ADDRESS	345 RIGGS AVENUE	3.3 STREET ADDRESS	390 SPOONBILL LANE	
CITY-ST-ZIP	MELBOURNE BEACH FL	3.4 CITY-ST-ZIP	MELBOURNE BCH, FLA 32951	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	DIETZ, SANDRA	4.2 NAME		
STREET ADDRESS	400 RIGGS AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	KARRI, JUNE	5.2 NAME	NANCY CACCAMO	
STREET ADDRESS	5048 MALABAR BLVD.	5.3 STREET ADDRESS	770 RIGGS AVE	
CITY-ST-ZIP	MELBOURNE BEACH FL	5.4 CITY-ST-ZIP	MELBOURNE BCH, FLA 32951	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MELTZER, SID	6.2 NAME		
STREET ADDRESS	430 RIGGS AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Antoinette Majernik 4/13/95 407-722-3902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034F07