

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729579** (3)
1. Corporation Name
CRYSTAL LAKES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 390 LAKEVIEW DR. PO BOX 510864 MELBOURNE BEACH FL 32951	Mailing Address 390 LAKEVIEW DR. PO BOX 510864 MELBOURNE BEACH FL 32951-0864
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2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 POB 510864		3. Date Incorporated or Qualified 05/08/1974		3a. Date of Last Report 03/12/1996	
22 City & State		27 City & State		4. FEI Number 59-2736757		Applied For Not Applicable	
23 Zip		28 Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24		25		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent POPPLEIN, E. C. 395 SPOON BILL LANE MELBOURNE BCH FL 32951				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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 _____
(NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COBB, RON			1.2 NAME	Elsie Anderlik		
STREET ADDRESS	430 SPOONBILL LANE			1.3 STREET ADDRESS	450 ROSS AVE		
CITY-ST-ZIP	MELBOURNE BEACH FL			1.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERLIK, THOMAS			2.2 NAME	DAVID PEARCE		
STREET ADDRESS	450 ROSS AVE			2.3 STREET ADDRESS	250 RIGGS AVE		
CITY-ST-ZIP	MELBOURNE BEACH FL			2.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32961		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAJERHOLC, ANTO WENE			3.2 NAME	KAREN GREER		
STREET ADDRESS	390 SPOONBILL LANE			3.3 STREET ADDRESS	366 RIGGS AVE		
CITY-ST-ZIP	MELBOURNE BEACH FL			3.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIETZ, SANDRA			4.2 NAME	LINDA HARRIS		
STREET ADDRESS	400 RIGGS AVENUE			4.3 STREET ADDRESS	390 LAKEVIEW DR		
CITY-ST-ZIP	MELBOURNE BEACH FL			4.4 CITY-ST-ZIP	MELBOURNE BCH, FL 32951		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CACCAMO, NANCY			5.2 NAME	MIDGE FUCH		
STREET ADDRESS	222 RIGGS AVE			5.3 STREET ADDRESS	280 ROSS AVE		
CITY-ST-ZIP	MELBOURNE BEACH FL			5.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELTZER, SID			6.2 NAME	ROBERT SANDS		
STREET ADDRESS	430 RIGGS AVENUE			6.3 STREET ADDRESS	445 SPOONBILL LANE		
CITY-ST-ZIP	MELBOURNE BEACH FL			6.4 CITY-ST-ZIP	MELBOURNE, BCH, FL 32951		

14. I do 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.

SIGNATURE: HARRY M. RECKARD Career T 2-7-97 407-768-1309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019948

CR2E037 (9/96)