


FILE NOW: FILING FEE IS \$61.25

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Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>390 LAKEVIEW DR. PO BOX 510864 MELBOURNE BEACH FL 32951</b>	Mailing Address <b>P O BOX 510864 MELBOURNE BCH FL 32951 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>05/08/1974</b>	4. FEI Number <b>59-2736757</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 **Karen Greer**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**355 Riggs Ave.**  
83 **Melbourne Bch.**  
84 City **FL** 85 Zip Code **32951**

11. Pursuant to the provisions of Sections 617.0507 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 *Karen Greer* **president** DATE **JAN 15, 1998**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1.1 TITLE
NAME	ANDERLIK, ELSIE	1.2 NAME
STREET ADDRESS	450 ROSS AVE	1.3 STREET ADDRESS
CITY-ST-ZIP	MELBOURNE BEACH FL	1.4 CITY-ST-ZIP
TITLE	VP	2.1 TITLE
NAME	PEARCE, DAVID	2.2 NAME
STREET ADDRESS	250 RIGGS AVE	2.3 STREET ADDRESS
CITY-ST-ZIP	MELBOURNE BCH FL	2.4 CITY-ST-ZIP
TITLE	T	3.1 TITLE
NAME	GREER, KAREN	3.2 NAME
STREET ADDRESS	355 RIGGS AVE	3.3 STREET ADDRESS
CITY-ST-ZIP	MELBOURNE BCH FL	3.4 CITY-ST-ZIP
TITLE	SD	4.1 TITLE
NAME	HARRIS, LINDA	4.2 NAME
STREET ADDRESS	390 LAKEVIEW DR	4.3 STREET ADDRESS
CITY-ST-ZIP	MELBOURNE BCH FL	4.4 CITY-ST-ZIP
TITLE	D	5.1 TITLE
NAME	FWCH, MIDGE	5.2 NAME
STREET ADDRESS	250 ROSS AVE	5.3 STREET ADDRESS
CITY-ST-ZIP	MELBOURNE BCH FL	5.4 CITY-ST-ZIP
TITLE	D	6.1 TITLE
NAME	SANDS, ROBERT	6.2 NAME
STREET ADDRESS	445 SPOONBILL LANE	6.3 STREET ADDRESS
CITY-ST-ZIP	MELBOURNE BCH FL	6.4 CITY-ST-ZIP

1.1 TITLE	P	Karen Greer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		355 Riggs Ave	
1.3 STREET ADDRESS		Melbourne Bch, FL 32951	
1.4 CITY-ST-ZIP			
2.1 TITLE	VP	Paul Faillo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		410 Lakeview Dr	
2.3 STREET ADDRESS		Melbourne Bch, FL 32951	
2.4 CITY-ST-ZIP			
3.1 TITLE		Linda Harris	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		390 Lakeview Dr	
3.3 STREET ADDRESS		Melbourne Bch, FL 32951	
3.4 CITY-ST-ZIP			
4.1 TITLE	T	Sue Panzarino	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		290 Atlantic Dr	
4.3 STREET ADDRESS		Melbourne Bch, FL 32951	
4.4 CITY-ST-ZIP			
5.1 TITLE		Midge Finch	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		250 Ross Ave	
5.3 STREET ADDRESS		Melbourne Bch, FL	
5.4 CITY-ST-ZIP			
6.1 TITLE		Maintenance Alice Nugent	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		360 Lakeview Dr	
6.3 STREET ADDRESS		Melbourne Bch, FL 32951	
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.

SIGNATURE: *[Signature]* **Treas.** **JAN. 15, 1998** (407) 952-8513

CR2E037 (10/97)