

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729579

1. Entity Name

CRYSTAL LAKES PROPERTY OWNERS ASSOCIATION, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90124 029 *****61.25

0030473

Principal Place of Business

390 LAKEVIEW DR.
PO BOX 510864
MELBOURNE BEACH FL 32951

Mailing Address

P O BOX 510864
MELBOURNE BCH FL 32951
US

957522



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

430 Spoonbill Lane

3. Mailing Address

P.O. Box 510864

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne Beach, FL

City & State

Melbourne Beach, FL

4. FEI Number

59-2736757

Applied For

Not Applicable

Zip

32951

Country

USA

Zip

32951

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COBB, LINDA
430 SPOONBILL LANE
MELBOURNE BCH. FL 32951

7. Name and Address of New Registered Agent

Name Jerry Maupin

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

440 Ross

City

Melbourne Beach,

FL

Zip Code

32951

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

4-17-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, DANA	
STREET ADDRESS	380 LAKEVIEW DR.	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	
TITLE	A	<input checked="" type="checkbox"/> Delete
NAME	SILVERMAN, BOB	
STREET ADDRESS	5056 MALABAR BLVD	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PANZARINO, SUE	
STREET ADDRESS	290 ATLANTIC DR.	
CITY-ST-ZIP	MELBOURNE BCH. FL 32951	
TITLE	P	<input type="checkbox"/> Delete
NAME	NASRALLAH, LISA	
STREET ADDRESS	480 SPOONBILL LANE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FAILLA, PAUL	
STREET ADDRESS	410 LAKEVIEW DR.	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	T	<input type="checkbox"/> Delete
NAME	COBB, LINDA	
STREET ADDRESS	430 SPOONBILL LN.	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINSEY, Barbara	
STREET ADDRESS	300 Spoonbill Lane	
CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASRALLAH, Lisa	
STREET ADDRESS	480 Spoonbill Lane	
CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKINNEY, David	
STREET ADDRESS	450 Ross Ave.	
CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAUPIN, Jerry	
STREET ADDRESS	440 Ross Ave.	
CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRUMMEY, Peter	
STREET ADDRESS	389 Riggs Ave.	
CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, Linda	
STREET ADDRESS	430 Spoonbill Lane	
CITY-ST-ZIP	Melbourne Beach, FL 32951	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Cobb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01

Date

(321) 722-1302

Daytime Phone #

CR2E037 (10/00)