

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90618 013 \*\*\*\*61.25

**DOCUMENT # 729579**

1. Entity Name

**CRYSTAL LAKES PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

430 SPOONBILL LANE  
 MELBOURNE BEACH FL 32951

P O BOX 510864  
 MELBOURNE BCH FL 32951  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2736757**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

6. 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)

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 type="checkbox"/> Delete
NAME	KINSEY, BARBARA	
STREET ADDRESS	300 SPOONBILL LANE	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NASRALLAH, LISA	
STREET ADDRESS	480 SPOONBILL LANE	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCKINNEY, DAVID	
STREET ADDRESS	450 ROSS AVENUE	
CITY-ST-ZIP	MELBOURNE BCH. FL 32951	
TITLE	V	<input type="checkbox"/> Delete
NAME	CRUMMEY, PETER	
STREET ADDRESS	389 RIGGS AVENUE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAUPIN, JERRY	
STREET ADDRESS	440 ROSS AVENUE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	P	<input type="checkbox"/> Delete
NAME	COBB, LINDA	
STREET ADDRESS	430 SPOONBILL LANE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-2002 321-768-0741

CR2E037 (9/01)