

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90037 040 ****61.25

DOCUMENT # 729579

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



Principal Place of Business
**430 SPOONBILL LANE
MELBOURNE BEACH, FL 32951**

Mailing Address
**P O BOX 510864
MELBOURNE BCH, FL 32951 US**

2. Principal Place of Business

3. Mailing Address



01092004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2736757

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAUPIN, JERRY
440 ROSS
MELBOURNE BCH., FL 32951**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOTAY, MAUREEN	
STREET ADDRESS	300 ATLANTIC AVE	
CITY-ST-ZIP	MELBOURNE BCH, FL 32951	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARRIS, LINDA	
STREET ADDRESS	390 LAKEVIEW DR	
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	D	<input type="checkbox"/> Delete
NAME	CRUMMEY, PETER	
STREET ADDRESS	380 RIGGS AVE	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KACHI, JUNE	
STREET ADDRESS	5048 MALABAR BLVD	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leslie, Lisa	
STREET ADDRESS	420 Lakeview Dr.	
CITY-ST-ZIP	Melb. Bch., FL 32951	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tanja Petrush	
STREET ADDRESS	250 Atlantic Ave	
CITY-ST-ZIP	Melb. Bch., FL 32951	
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:

Jerry Maupin
Jerry Maupin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-2004 321-768-0741

Date

Daytime Phone #