


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90080 011 ****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**

50031490



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

03232005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2736757

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MAUPIN, JERRY
 440 ROSS
 MELBOURNE BCH., FL 32951**

7. Name and Address of New Registered Agent

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 *Jerry Maupin* *Pres.* 3-23-2005
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, 2005**

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	T	<input type="checkbox"/> Delete
NAME	LESLIE, LISA	
STREET ADDRESS	420 LAKEVIEW DR.	
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	PETRUSH, TANJA	
STREET ADDRESS	250 ATLANTIC AVE	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leslie, Lisa	
STREET ADDRESS	420 Lakeview Dr.	
CITY-ST-ZIP	Melb. Bch., FL 32951	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harris, Linda	
STREET ADDRESS	390 Lakeview Dr.	
CITY-ST-ZIP	Melb. Bch., FL 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kent Bradley	
STREET ADDRESS	390 Lakeview Dr.	
CITY-ST-ZIP	Melb. Bch., FL 32951	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane McClellan	
STREET ADDRESS	360 Spoonbill, La.	
CITY-ST-ZIP	Melb. Bch., 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: *Jerry Maupin* Jerry Maupin 3-23-2005 321-768-0741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #