


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90123 014 \*\*\*\*61.25

<b>DOCUMENT # 729579</b>					
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 <i>390 Lakeview Dr</i>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Melbourne Beach FL</i>		City & State		4. FEI Number 59-2736757	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip <i>32951</i>		Country <i>USA</i>		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <i>BRADLEY, LINDA</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>390 LAKEVIEW DR</i>		
			City <i>Melbourne Beach FL</i>		
			Zip Code <i>32951</i>		
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 <i>Linda G Bradley Linda G Bradley</i> 3/12/06					
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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESLIE, LISA		NAME	<i>Cobb, Linda</i>	
STREET ADDRESS	420 LAKEVIEW DRIVE		STREET ADDRESS	<i>450 Ross Ave</i>	
CITY-ST-ZIP	MELBOURNE BCH, FL 32951		CITY-ST-ZIP	<i>Melbourne Beach 32951-3229</i>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, LINDA		NAME	<i>Leslie, Lisa</i>	
STREET ADDRESS	390 LAKEVIEW DR		STREET ADDRESS	<i>420 Lakeview Dr</i>	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	<i>Melbourne Beach, 32951</i>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUPIN, JERRY		NAME	<i>Bradley, Linda</i>	
STREET ADDRESS	440 ROSS AVENUE		STREET ADDRESS	<i>390 Lakeview Dr</i>	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	<i>Melbourne Beach FL 32951</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMMEY, PETER		NAME	<i>Goodman, Jeff</i>	
STREET ADDRESS	380 RIGGS AVE		STREET ADDRESS	<i>245 Atlantic Dr</i>	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	<i>Melbourne Beach FL 32951</i>	
TITLE	V	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, KENT		NAME	<i>Bradley, Kent</i>	
STREET ADDRESS	390 LAKEVIEW DRIVE		STREET ADDRESS	<i>390 Lakeview Dr</i>	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	<i>Melbourne Beach, FL 32951</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLELLAN, JANE		NAME	<i>McClellan, JANE</i>	
STREET ADDRESS	360 SPOONBILL LANE		STREET ADDRESS	<i>360 Spoonbill La</i>	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP	<i>Melbourne Beach FL 32951</i>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Linda G Bradley Linda G Bradley</i> 3/12/06 321-729-0053					
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #					