


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90042 011 \*\*\*\*61.25

**DOCUMENT # 729579**

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




Principal Place of Business  
**390 LAKEVIEW DR  
 MELBOURNE BEACH, FL 32951**

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

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



02182008 Chg-NP CR2E037 (12/06)

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

**BRADLEY, LINDA  
 390 LAKEVIEW DR  
 MELBOURNE BCH., FL 32951**

7. Name and Address of New Registered Agent

Name **Penny Demio**

Street Address (P.O. Box Number is Not Acceptable)  
**235 Spoonbill LA**

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

SIGNATURE *Penny B Demio* DATE 2-18-2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

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	D	<input checked="" type="checkbox"/> Delete
NAME	LESLIE, LISA	
STREET ADDRESS	420 LAKEVIEW DRIVE	
CITY-ST-ZIP	MELBOURNE BCH, FL 32951	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COBB, LINDA	
STREET ADDRESS	450 ROSS AVE	
CITY-ST-ZIP	MELBOURNE BEACH, FL 329513229	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRADLEY, LINDA	
STREET ADDRESS	390 LAKEVIEW DR	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRADLEY, KENT	
STREET ADDRESS	390 LAKEVIEW DRIVE	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCCLELLAN, JANE	
STREET ADDRESS	360 SPOONBILL LANE	
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	sec/TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Penny Demio	
STREET ADDRESS	235 Spoonbill LA	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Facila	
STREET ADDRESS	410 Lakeview Dr	
CITY-ST-ZIP	Melbourne Beach FL 32951	
TITLE	Vice-Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Frisch	
STREET ADDRESS	260 Ross Ave	
CITY-ST-ZIP	Melbourne Beach FL 32951	
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 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: *Penny B Demio* DATE 2-18-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #