

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90146 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KINSEY, BARBARA</b>	
STREET ADDRESS	<b>300 SPOONBILL LANE</b>	
CITY-ST-ZIP	<b>MELBOURNE BCH FL 32951</b>	
TITLE	<b>DR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CRUMMEY, PETER</b>	
STREET ADDRESS	<b>389 RIGGS AVENUE</b>	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL 32951</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MAUPIN, JERRY</b>	
STREET ADDRESS	<b>440 ROSS AVENUE</b>	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL 32951</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Crummey, Peter</b>	
STREET ADDRESS	<b>380 Riggs Ave.</b>	
CITY-ST-ZIP	<b>Melbourne Beach, FL 32951</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>June Knehl</b>	
STREET ADDRESS	<b>5048 Malabar Blvd</b>	
CITY-ST-ZIP	<b>Melbourne Bch 32951</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Maureen Gotay</b>	
STREET ADDRESS	<b>300 Atlanta Ave</b>	
CITY-ST-ZIP	<b>Melbourne Beach, FL 32951</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Linda Harris</b>	
STREET ADDRESS	<b>390 Lakeview Dr.</b>	
CITY-ST-ZIP	<b>Melbourne Beach, FL 32951</b>	
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		

CR2037 (10/02)

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 A. MAUPIN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #