

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 29 1998 8:00am  
Secretary of State

0007944

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730783

(8)

1. Corporation Name

SOUTH CRYSTAL LAKE IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

218 CRYSTAL LAKE RD.  
LUTZ FL 33549  
US

721 CRYSTAL LAKE RD  
LUTZ FL 33549  
US

3. Date Incorporated or Qualified

09/25/1974

4. FEI Number

59-1893794

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCORMACK, JOHN  
721 CRYSTAL LAKE RD  
714 CRYSTAL LAKE RD.  
LUTZ FL 33549

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MCCORMICK, JOHN
STREET ADDRESS	721 CRYSTAL LAKE RD
CITY-ST-ZIP	LUTZ FL
TITLE	V
NAME	MOORE, JACK
STREET ADDRESS	17913 CROOKED LN
CITY-ST-ZIP	LUTZ FL
TITLE	TD
NAME	CONRAD, ANN
STREET ADDRESS	17915 PEPPERTREE LANE
CITY-ST-ZIP	LUTZ FL
TITLE	SD
NAME	HUGHES, JACKIE
STREET ADDRESS	17901 PEPPERTREE LANE
CITY-ST-ZIP	LUTZ FL
TITLE	D
NAME	DELANEY, LANCE
STREET ADDRESS	17909 PEPPERTREE LANE
CITY-ST-ZIP	LUTZ, FL 00000
TITLE	D
NAME	BUSHKIE, DONALD
STREET ADDRESS	713 CRYSTAL LK RD.
CITY-ST-ZIP	LUTZ FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann Conrad - ANN CONRAD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-98

Date

813-949-1015

Daytime Phone #

CR2E037 (5/98)