# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 18, 2009**
**Secretary of State**

DOCUMENT# 732386

**Entity Name:** CRYSTAL LAKE RECREATION CORPORATION, INC.

**Current Principal Place of Business:**

4791 NW 18TH AVENUE
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

4791 NW 18TH AVENUE
POMPANO BEACH, FL 33064

**New Mailing Address:**

**FEI Number: 59-1691389** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEFIGLIO, SUSAN E
4791 NW 18 AVEUE
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: DEFIGLIO, SUSAN E
Address: 4791 NW 18 AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete
Name: SHARKY, MAUREEN
Address: 4791 NW 18 AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete
Name: TROTTER, LINDA
Address: 4791 NW 18 AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

Title: T ( ) Delete
Name: SMITH, NANCY L
Address: 1021 NW 48TH PLACE
City-St-Zip: POMPANO BEACH, FL 33064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY L SMITH MS 01/18/2009

Electronic Signature of Signing Officer or Director — Date