


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

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90034 009 \*\*\*\*61.25

**DOCUMENT # 741360**  
 1. Entity Name  
**THE ASSOCIATION OF THE MEADOWS OF CRYSTAL LAKE, INC.**



Principal Place of Business  
**2300 S.W. 17TH CIRCLE  
 DEERFIELD BEACH, FL 33442**

Mailing Address  
**2300 S.W. 17TH CIRCLE  
 DEERFIELD BEACH, FL 33442**

**DO NOT WRITE IN THIS SPACE**



01292008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-1945736**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

2. Name and Address of Current Registered Agent  
**RICHARD COLLURA, PRES.  
 2300 SW 17TH CIRCLE  
 DEERFIELD BEACH FLA 33442**

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8. The above named entity submits this statement for the purpose of organizing, maintaining, or 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: *R. J. Collura* **PRESIDENT** DATE: 3/11/08

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLURA, RICHARD 1675 SW 20 TERR DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTRO, PETE 1516 SW 23 TERR DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PECKARD, SHIRLEY 2396 SW 17 DR DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEAVER, ROBIN 1973 SW 15 CT. DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIASULLA, JAMES 2376 SW 16 PL DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVICKAS, GERALD 2059 SW 17 PL DEERFIELD BEACH, FL 33442

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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: *R. J. Collura* **RICHARD COLLURA** DATE: 3/11/08 DAYTIME PHONE: 954 426-3503

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