2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #741547 01-24-2006 90031 015 ****61.25 1. Entity Name CRYSTAL HILLS PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 40005641 1461 W. RUSS STREET 1461 W. RUSS STREET LECANTO, FL 34461 LECANTO, FL 34461 2. Principal Place of Business 3. Mailing Address 1788 W. MANILA LANC 788 W. MANILA LANC Suite, Apt. #, etc. Suite, Apt. #, etc. 01202006 CR2E037 (11/05) Chg-NP City & State City & State 4. FEI Number 59-2087155 Applied For Lecalto Lecanto Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired 34461 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ELAM, JACK L 1659 W JENNY ST Street Address (P.O. Box Number is Not Acceptable) LECANTO, FL 34461 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD TITLE ☐ Delete TITLE ☐ Addition ☐ Change ELAM, JACK L NAME STREET ADDRESS 1629 W JENNY ST STREET ADDRESS CITY-ST-ZIP LECANTO, FL 34461 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Addition Change STAHL, JOHN NAME 1298 W JENNY ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LECANTO, FL 34461 CITY-ST-ZIP STD STD TITLE Defete TITLE Addition ☐ Change MAGEE, SANdrA LEA 1788 W. MANICA LANE WESTFALL, R. CHARLENE NAME STREET ADDRESS 1461 W. RUSS STREET STREET ADDRESS LECANTO, FL 34461 CITY-ST-ZIP LECANTO, FL 34461 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPES OR PRINTED MANIE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Jan 24, 2006 8:00 am