


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90005 039 ****61.25

DOCUMENT # 741547			
1. Entity Name CRYSTAL HILLS PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 1659 WEST JENNY ST LECANTO, FL 34461 US		Mailing Address 1659 WEST JENNY ST LECANTO, FL 34461 US	
2. Principal Place of Business - No P.O. Box # 1165 N. Venice Terr Suite, Apt. #, etc.		3. Mailing Address 1165 N. Venice Terr. Suite, Apt. #, etc.	
City & State Lecanto FL		City & State Lecanto FL	
Zip 34461	Country US	Zip 34461	Country US
6. Name and Address of Current Registered Agent ELAM, JACK L 1659 W JENNY ST LECANTO, FL 34461		7. Name and Address of New Registered Agent Name: Ronald King Street Address (P.O. Box Number is Not Acceptable): 1165 N. Venice Terr. City: Lecanto FL Zip Code: 34461	
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: <u>Ronald King PD Ronald King</u> DATE: <u>1-7-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELAM, JACK L 1629 W JENNY ST LECANTO, FL 34461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ronald King 1165 N. Venice Terr. LECANTO FL 34461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STAHL, JOHN 1298 W JENNY ST LECANTO, FL 34461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Robert Richardson 1226 N. Munich Terr. LECANTO FL 34461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAGEE, SANDRA LEA 1788 MANILA LANE LECANTO, FL 34461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Vicki Moore 1160 N. Venice Terr. LECANTO FL 34461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jack Elam 1629 W Jenny St LECANTO FL 34461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Stahl 1298 W Jenny St LECANTO FL 34461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Ronald King PD Ronald King</u>		DATE: <u>1-7-08</u> DAYTIME PHONE #: <u>352-346-2346</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	