FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767149 (8)

1. Corporation Name

LAKE CRYSTAL PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1555 PALM BCH LKS BLVD #1100 P O BOX 3267 WEST PALM BCH FL 33402	1555 PALM BCH LKS BLVD #1100 P O BOX 3267 WEST PALM BCH FL 33402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1983
3a. Date of Last Report: 04/20/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

ECCLESTONE, E, LLWYD, JR
1555 PALM BCH LKS BLVD
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	LEYENDECKER, HELENA	12 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD	13 STREET ADDRESS	
CITY ST ZIP	WEST PALM BCH. FL	14 CITY ST ZIP	
TITLE	CPVD	21 TITLE	☐ Change ☐ Addition
NAME	ECCLESTONE, E. L., JR.	22 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD	23 STREET ADDRESS	
CITY ST ZIP	WEST PALM BCH. FL	24 CITY ST ZIP	
TITLE	DVT	31 TITLE	☐ Change ☐ Addition
NAME	COOPER, RON	32 NAME	
STREET ADDRESS	1555 PALM BCH LAKES	33 STREET ADDRESS	
CITY ST ZIP	W PALM BCH FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ron Cooper *R Cooper* 4/5/95 407/686-2000

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

0047769