

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 770799**

1. Entity Name  
**CRYSTAL SPRINGS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**51 BEACH LANE #1B  
CRYSTAL RIVER, FL 34429**

Mailing Address  
**51 BEACH LANE #1B  
CRYSTAL RIVER, FL 34429**



01222005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3384116**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RYAN, JOHN A  
51 BEACH LANE  
#1B  
CRYSTAL RIVER, FL 34429**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000220126  
02/08/05-80051-003 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BUTTERMORE, VICTOR
STREET ADDRESS	51 BEACH LANE #1A
CITY - ST - ZIP	CRYSTAL RIVER, FL 34429
TITLE	VPD
NAME	BISHOP, R DOUG
STREET ADDRESS	10827 NW 18TH COURT.
CITY - ST - ZIP	GAINESVILLE, FL 32606
TITLE	SD
NAME	WEBB, PATRICIA
STREET ADDRESS	51 BEACH LANE #3-A
CITY - ST - ZIP	CRYSTAL RIVER, FL 34429
TITLE	TD
NAME	RYAN, JOHN A
STREET ADDRESS	51 BEACH LANE #1-B
CITY - ST - ZIP	CRYSTAL RIVER, FL 34429
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*John A Ryan*  
**John A Ryan**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2-3-05**

Daytime Phone #

**352-795-7220**