

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90176 037 \*\*\*\*61.25

**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**

40000000



**DO NOT WRITE IN THIS SPACE**

02092006 No Chg-NP CR2E037 (11/05)

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ~~BUTTERMORE, VICTOR~~ *Donald Webb*  
STREET ADDRESS ~~51 BEACH LANE #1A~~ *51 Beach Lane - 3-A*  
CITY-ST-ZIP ~~CRYSTAL RIVER, FL 34429~~ *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~~ *Irma Buttermore*  
STREET ADDRESS ~~51 BEACH LANE #3-A~~ *51 Beach Lane 1-A*  
CITY-ST-ZIP ~~CRYSTAL RIVER, FL 34429~~ *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

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IN THIS SPACE**

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:**

*John A. Ryan*

*John A. Ryan Treasurer*

*4/14/06*

*352-795-7950*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #