

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
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**



03202008 No Chg-NP

CR2E037 (4/06)

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000886104

04/13/08-30042-022 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WEBB, DONALD
STREET ADDRESS 51 BCH LANE 3-A
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 BUTTERMORE, IRMA
STREET ADDRESS 51 BCH LN 1-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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/08
Date

352-795-7950
Daytime Phone #