

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L18240 (6)

1. Corporation Name

CRYSTAL RIVER REALTY, INC.



Principal Place of Business

Mailing Address

~~607 NE 5TH ST. P.O. BOX 400~~
CRYSTAL RIVER FL 32629

~~607 NE 5TH ST. P.O. BOX 400~~
CRYSTAL RIVER FL 32629

2. Principal Place of Business

2a. Mailing Address

21 7655 W. GULF TO LAKE HWY

26 7655 W. GULF TO LAKE HWY

22 SUITE 16

27 SUITE 16

23 City & State

28 City & State

CRYSTAL RIVER, FL

CRYSTAL RIVER, FL

24 Zip

25 Country

29 Zip

30 Country

34429

CITRUS

34429

CITRUS

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/20/1989

3a. Date of Last Report

02/14/1995

4. FLL Number

59-3041409

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

TRINGALI, MICHAEL J.
7655 W. GULF TO LAKE HWY, SUITE 9
CRYSTAL RIVER FL 34423

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DP TRINGALI, MICHAEL J.

6085 W. FAIRHAVEN COURT

CRYSTAL RIVER FL

DVS NELSON, BERNARD E.

1008 S. CANDLENUT AVE.

HOMOSASSA FL

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

M. J. TRINGALI, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-96

352 563 0044

Date

Daytime Phone #

CR2E034 (12/95)