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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 4:19

DOCUMENT # M68522

(5)

1. Corporation Name

CRYSTAL LAKES MANORS, INC.

Principal Place of Business

Mailing Address

* ALBERTO DE ALEJO, JR.
2927 HAWTHORNE ROAD
TAMPA FL 33611-2829

* ALBERTO DE ALEJO, JR.
2927 HAWTHORNE ROAD
TAMPA FL 33611-2829

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified

02/16/1988

3a. Date of Last Report

02/22/1994

4. FEI Number

59-3035914

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**

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

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE ALEJO, ALBERTO A. JR.
2927 HAWTHORNE ROAD
TAMPA FL 33611

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 607.042 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I, Alberto de Alejo, Jr., 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 provisions 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 re-registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

DE ALEJO, ALBERTO A. JR.

STREET ADDRESS

2927 HAWTHORNE ROAD

CITY - ST - ZIP

TAMPA FL

TITLE

STD

NAME

DE ALEJO, NICOLAS S. SR.

STREET ADDRESS

2927 HAWTHORNE ROAD

CITY - ST - ZIP

TAMPA FL

TITLE

VD

NAME

SHIMBERG, RICHARD

STREET ADDRESS

2927 HAWTHORNE ROAD

CITY - ST - ZIP

TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this report was truthfully furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 have been or am so empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am not a director or officer of the corporation.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

(Title)

(Signature and typed or printed name of signing officer or director)