

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002701

FILED
Jan 29, 2009
Secretary of State

Entity Name: CRYSTAL BAY AT KINGSWAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11644 SW EGRET CIRCLE
ARCADIA, FL 34269

New Principal Place of Business:

Current Mailing Address:

PO BOX 380758
MURDOCK, FL 33938

New Mailing Address:

FEI Number: 65-1001069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GATEWAY MANAGEMENT
1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STASI, MAUREEN
Address: 11644 SW EGRET CIRCLE #702
City-St-Zip: ARCADIA, FL 34269

Title: SD () Delete
Name: TEAL, PAT
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33838

Title: TD () Delete
Name: FRAUENSTEIN, BOB
Address: 11644 S.W. EGRET CIR #504
City-St-Zip: LAKE SUZY, FL 34269

Title: D () Delete
Name: ACHEY, PAUL J
Address: 11644 S.W. EGRET CIRCLE, #208
City-St-Zip: LAKE SUZY, FL 34269

Title: VPD () Delete
Name: PETERS, BRUCE
Address: 11644 S.W. EGRET CIR #707
City-St-Zip: LAKE SUZY, FL 34269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STASI, MAUREEN
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: D (X) Change () Addition
Name: DUPRE, JOAN
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33838

Title: SD (X) Change () Addition
Name: BANNON, SHIRLEE
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: TD (X) Change () Addition
Name: ACHEY, PAUL J
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: VPD (X) Change () Addition
Name: PETERS, BRUCE
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN STASI

PD

01/29/2009

Electronic Signature of Signing Officer or Director

Date