


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90019 043 ****61.25

DOCUMENT # N00000005176 1. Entity Name CRYSTAL VILLAGE AIRPARK ASSOCIATION, INC.					
Principal Place of Business 5173 PANTHER TR CHIPLEY, FL 32428		Mailing Address 2982 WOODYMARION DR CHIPLEY, FL 32428 <div style="position: relative; height: 40px;"> KOLD (Change) + new </div>			
2. Principal Place of Business 5173 Panther Trail Suite, Apt. #, etc.		3. Mailing Address 5173 Panther Trail Suite, Apt. #, etc.			
City & State Chipley, FL Zip 32428 Country USA		City & State Chipley, FL Zip 32428 Country USA		4. FEI Number 59-3698982 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01072005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent LUTHER, JAMES H 5173 PANTHER TR CHIPLEY, FL 32428			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIGHSMITH, MICHAEL 5174 AIRPARK BLVD CHIPLEY, FL 32428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 10px; font-family: cursive; font-size: 1.2em;"> Please change our mailing address to the Principle Place of Business address. James H. Luther 1-7-05 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LUTHER, JAMES H 5173 PANTHER TR CHIPLEY, FL 32428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>James H. Luther</i>		James H. Luther		1-7-05 850-265-5231	