2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N01000000872

1. Entity Name

CRYSTAL LAKE PCD MASTER ASSOCIATION, INC.

0001010✗

Principal Place of Business	Mailing Address
~~600 E COLONIAL DR, STE 100~~ *Delete* ~~ORLANDO FL 32803~~	~~600 E COLONIAL DR, STE 100~~ *Delete* ~~ORLANDO FL 32803~~

1st MOORE   CR2E037 (10/05)

2. Principal Place of Business — 359 Carolina Avenue
Suite, Apt. #, etc.

3. Mailing Address — 359 Carolina Avenue
Suite, Apt. #, etc.

City & State: Winter Park, Florida
City & State: Winter Park, Florida

4. FEI Number 82-0539167   [ ] Applied For   [ ] Not Applicable

Zip 32789   Country US
Zip 32789   Country US

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~SCHRIMSHER, FRANK L~~ *Delete* ~~600 E COLONIAL DR, STE 100~~ ~~ORLANDO FL 32803~~ 369 N. NY Ave	Name: Graham, Builder, Jones, Pratt + Marks, LLP Street Address: ~~1600 Seminole Drive~~ Attention: J. Lindsay Builder, Jr. City: Winter Park FL 32789

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 X _(signature)_

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. [ ] $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	D	[X] Delete	TITLE	President	[ ] Change [X] Addition
NAME	~~SCHRIMSHER, FRANK L~~		NAME	Jennifer Sweeney	
STREET ADDRESS	~~600 E COLONIAL DR, STE 100~~		STREET ADDRESS	P.O. Box 2196	
CITY-ST-ZIP	~~ORLANDO FL 32803~~		CITY-ST-ZIP	Windermere FL 34786	
TITLE	DVP	[X] Delete	TITLE	Vice President	[ ] Change [X] Addition
NAME	~~KNOTT, WILSON A~~		NAME	Lou Agnone	
STREET ADDRESS	200 RED BUD LN		STREET ADDRESS	1440 Reed Canal Road	
CITY-ST-ZIP	LONGWOOD FL 32779		CITY-ST-ZIP	Port Orange, FL 32127	
TITLE	DST	[X] Delete	TITLE	Secretary / Treasurer	[ ] Change [X] Addition
NAME	~~SCHRIMSHER, J STEVEN~~		NAME	Robert Kellar	
STREET ADDRESS	~~600 E COLONIAL DR, STE 100~~		STREET ADDRESS	4554 Clyde Morris Blvd, Suite 2	
CITY-ST-ZIP	~~ORLANDO FL 32803~~		CITY-ST-ZIP	Port Orange FL 32129	
TITLE		[ ] Delete	TITLE	Director	[ ] Change [X] Addition
NAME			NAME	Dale Williams	
STREET ADDRESS			STREET ADDRESS	2248 SR 44	
CITY-ST-ZIP			CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _(signature)_ Jennifer L. Sweeney   2/24/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

660 18/84

Annual Report Form Creation

T-161/0000 00 8 72

Note: Please make ALL checks payable to the Florida Department of State

NOTICE TO NOT FOR PROFIT CORPORATIONS SOLICITING CONTRIBUTIONS

The Department of Agriculture and Consumer Services, Division of Consumer Services, is now responsible for administering the Solicitation of Contributions Act, chapter 496, Florida Statutes. The Solicitation of Contributions Act requires charitable organizations or sponsors intending to solicit contributions from the public in the State of Florida to annually register with the Division of Consumer Services. Failure to comply with this act is a third degree felony.

For more information, contact the Division of Consumer Services, Department of Agriculture and Consumer Services, Room 208A Mayo Building, Tallahassee, Florida 32399-0800 or call (850) 488-2221 or (800) 435-7352 (within Florida only).

Enter the entity document number below to create your pre-printed Annual Report form.

Document Number

Note: On 12 digit document numbers,
only the first character is alphabetic.

The document number is located on the back
of the postcard above the business entity name

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