

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAR -8 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1646 (1)
1. Corporation Name
**THE CLUB AT CRYSTAL LAKE CONDOMINIUM ASSOCIATION
, INC.**

Principal Place of Business
**19196 COURTNEY DRIVE
FT. MYERS FL 33901-6018**

Mailing Address
**19196 COURTNEY DRIVE
FT. MYERS FL 33901-6018**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/24/1984** 3a. Date of Last Report **04/26/1994**

4. FEI Number **65-0095882** 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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐ **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**DESOIZA, ANTHONY J.
8595 CHARTER CLUB CIRCLE, SW #607
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **HOCHBERG, NORMA**
STREET ADDRESS **8625 CHARTER CLUB CIR**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **ST**
NAME **DESOIZA, ANTHONY**
STREET ADDRESS **8595 CHARTER CLUB CIRCLE #607**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **STD**
NAME **MOEN, BARBARA**
STREET ADDRESS **8595 CHARTER CLB CIR 605**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **VD**
NAME **JOHNSON, DANIEL**
STREET ADDRESS **8537 CHARTER CLB CIR 807**
CITY-ST-ZIP **FT. MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **BROWN, LORNA**
1.3 STREET ADDRESS **8537 CHARTER CLUB CIRCLE #810**
1.4 CITY-ST-ZIP **FORT MYERS, FL 33919**

2.1 TITLE **VO** ☒ Change ☐ Addition
2.2 NAME **BROWN, WAYNE**
2.3 STREET ADDRESS **8445 CHARTER CLUB CIRCLE #1106**
2.4 CITY-ST-ZIP **FORT MYERS, FL 33919**

3.1 TITLE **STD** ☒ Change ☐ Addition
3.2 NAME **LOMBARD, S.**
3.3 STREET ADDRESS **8685 CHARTER CLUB CIRCLE #0307**
3.4 CITY-ST-ZIP **FORT MYERS, FL 33919**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **BRYAN, TUN**
4.3 STREET ADDRESS **8537 CHARTER CLUB CIRCLE #0809**
4.4 CITY-ST-ZIP **FORT MYERS, FL 33919**

5.1 TITLE **D** ☒ Change ☒ Addition
5.2 NAME **FLANTACK, DOLORES**
5.3 STREET ADDRESS **8445 CHARTER CLUB CIRCLE #1105**
5.4 CITY-ST-ZIP **FORT MYERS, FL 33919**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **FKOANL, PATRICIA**
6.3 STREET ADDRESS **8595 CHARTER CLUB CIRCLE**
6.4 CITY-ST-ZIP **FORT MYERS, FL 33919**

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 110.07(3)(h), 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 its registered agent or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 2/2/95 813-433-0006
Date (Type in Month & Day)