

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01646

1. Entity Name

THE CLUB AT CRYSTAL LAKE CONDOMINIUM ASSOCIATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90107 021 ****61.25

Principal Place of Business
8287 CHARTER CLUB CIRCLE
FT MYERS FL 33919
US

Mailing Address
C/O BENSON'S INC
12650 WHITEHALL DRIVE
FT MYERS FL 33907-3619
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

**CORRECT
FEI #**



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2470635
~~65-0095002~~

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BENSON, MARK R
12650 WHITEHALL DRIVE
FT MYERS FL 33907

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.

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LORNA 8537 CHARTER CLUB CIR #810 FT. MYERS FL 33919	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREATHOUSE, ROY 8474 CHARTER CLUB CR 16 FT. MYERS FL 33919	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOMBARDO, S. 8685 CHARTER CLUB CIR #0307 FT. MYERS FL 33919	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAYLOR, EUGENIA 8595 CHARTER CLUB CIR #11 FT MYERS FL 33919	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DESOIZA, ANTHONY 8595 CHARTER CLUB CR 7 FT MYERS FL 33919	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hochberg, Norma 8625 Charter Club Cr #5 Fort Myers, FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Edwards, Gladys 8547 Charter Club Cr #4 Fort Myers, FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Breitkreitz, Elizabeth 8474 Charter Club Cr #5 Fort Myers, FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00

Date

433-5709

Daytime Phone #