2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01646

1. Entity Name
THE CLUB AT CRYSTAL LAKE CONDOMINIUM



FILED	
Feb 13, 2006 8:00 a	ım
Secretary of State	
02 12 2006 00001 017 ****61 25	

ASSOCIA	ATION, INC.											
C/O P & M PROPERTY MANAGEMENT C 15660 SAN CARLOS BLVD., #40 1		C/O I 1566	Mailing Address C/O P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD., #40 FORT MYERS, FL 33908						1423			
2. Principal P	Place of Business	3. Mai	ing Address									
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			01052006	Chg-N	NP	CR2E0	37 (11/05)		
City & State			City & State				4. FEI Numb 65-009					oplied For ot Applicable
Zip	Country	Zip		Cou	untry		5. Certificate	of Status	Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registere	d Agent				7. Name and	i Address	s of New R	egistered	Agent	
SAPP, PA	10.1				Name							
15660 SAN	N CARLOS BLVD., #40 ERS, FL 33908				Street Ad	dress (f	P.O. Box Numb	er is Not	Acceptable	·)		
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					City					FL	Zíp Coo	le
	named entity submits this statement fo	r the purp	ose of changing its re	gistere	ed office or a	registere	ed agent, or bo	th, in the	State of Flo	rida. I am	familiar with	and accept
the obligat	ions of registered agent.											
SIGNATURE .	Signature, typed or printed name of registered agent	and title if app	ficable. (NOTE: R	legistere	d Agent signatur	re required	when reinstating)			DATE		
			<u></u>									
Filing Fee is \$61.25 Due by May 1, 2006			Election Campaign Financing Trust Fund Contribution.									
	-						\$5.00 May 6 Added to Fees	Зе			k payable t rtment of S	
10.	-	RECTORS			ion. [LJ 	Added to Fees	IANGES T	Flor	ida Depa	rtment of S	tate
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 affactment with an address, with all other like empowered.

SIGNATURE: