


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90054 038 ****61.25

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| DOCUMENT # N01646 |  |
| 1. Entity Name THE CLUB AT CRYSTAL LAKE CONDOMINIUM ASSOCIATION, INC. | |

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| Principal Place of Business C/O P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD., #40 FORT MYERS, FL 33908 | Mailing Address C/O P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD., #40 FORT MYERS, FL 33908 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
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| Suite, Apt. #, etc. 14360 S. TAMiami TR #B | Suite, Apt. #, etc. 14360 S. TAMiami TR #B |
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|---------------------------------------|---------------------------------------|
| City & State FORT MYERS, FL | City & State FORT MYERS, FL |
|---------------------------------------|---------------------------------------|

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|---------------------|-----------------------|---------------------|-----------------------|
| Zip 33912 | Country USA | Zip 33912 | Country USA |
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| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
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| SAPP, PAUL L 15660 SAN CARLOS BLVD., #40 FORT MYERS, FL 33908 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | 14360 S. TAMiami TR #B City FORT MYERS FL Zip Code 33912 |

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

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| Filing Fee is \$61.25 Due by May 1, 2007 | 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P OBRIEN, MOLLY 8505 CHARTER CLUB CIR #1 FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP CHRIS CROMIEN 8715 CHARTER CLUB CIR #8 FORT MYERS, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD QUINTAL, BOB 8685 CHARTER CLUB CIR #4 FORT MYERS, FL 33919 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S WOLFF, JOHN 8445 CHARTER CLUB CIR #7 FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DAVID PETTYES 8388 CHARTER CLUB CIR #2 FORT MYERS, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T VOEKEL, EDDIE 7021 SUNRISE CIR FRANKLIN, TN 37067 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GIACALONE, RUSSELL 8474 CHARTER CLUB CIR #30 FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | S KARLA SIMPSON 8505 CHARTER CLUB CIR #5 FORT MYERS, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby 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 attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **1-10-07 239-481-1577**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #