

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90094 031 ****70.00

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1. Entity Name

CRYSTAL COMMERCIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

12091 CRYSTAL CONDO ROAD
FORT MYERS FL 33912
US

12091 CRYSTAL CONDO ROAD
FORT MYERS FL 33912
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

8733 MANDERSTON CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. MYERS, FL

Zip

Country

Zip

Country

FL 33912 LEE

1st MOORE

CR2E037 (10/06)

4. FEI Number

02-0613595

Applied For

Not Applicable

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

HILL, ALLEN L
12091 CRYSTAL CONDO ROAD
FORT MYERS FL 33912

Name

Street Address (P.O. Box Number is Not Acceptable)

8733 MANDERSTON CT.

City

FT. 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

Allen L. Hill

1-29-07

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, 2007

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

TITLE PD ☐ Delete
NAME HILL, ALLEN L
STREET ADDRESS 12091 CRYSTAL CONDO ROAD
CITY-ST-ZIP FORT MYERS FL 33912

TITLE DT ☐ Delete
NAME PURVIS, J R
STREET ADDRESS 12091 CRYSTAL CONDO ROAD
CITY-ST-ZIP FORT MYERS FL 33912

TITLE T ☐ Delete
NAME HILL, ALLEN L
STREET ADDRESS 12091 CRYSTAL CONDO ROAD
CITY-ST-ZIP FORT MYERS FL 33912

TITLE T ☐ Delete
NAME HILL, WILLIAM A
STREET ADDRESS 12091 CRYSTAL CONDO ROAD
CITY-ST-ZIP FORT MYERS FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Same

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Same

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Same

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Same

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Judith R. Purvis

JUDITH R. PURVIS

1-29-07

(239)
275-7070

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #