2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004
Secretary of State

DOCUMENT# N02000003230

Entity Name: NORTH CRYSTAL-STRAWBERRY LAKE IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

18214 CLEAR LAKE DRIVE
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

18214 CLEAR LAKE DRIVE
LUTZ, FL 33548

New Mailing Address:

FEI Number: 75-3043093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRADSTREET, ANNETTE M
18214 CLEAR LAKE DRIVE
LUTZ, FL 33548

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HOFFMANN, MARILYN
Address: 18104 CLEAR LAKE DRIVE
City-St-Zip: LUTZ, FL 33548

Title: V ( ) Delete
Name: BURDASH, NICK
Address: 18315 OWL DRIVE
City-St-Zip: LUTZ, FL 33548

Title: S ( ) Delete
Name: DOYLE, AUSTIN
Address: 18102 CLEAR LAKE DRIVE
City-St-Zip: LUTZ, FL 33548

Title: T ( ) Delete
Name: BRADSTREET, ANNETTE M
Address: 18214 CLEAR LAKE DRIVE
City-St-Zip: LUTZ, FL 33548

Title: D ( ) Delete
Name: JORSKI, HAROLD
Address: 18212 CLEAR LAKE DRIVE
City-St-Zip: LUTZ, FL 33548

Title: D ( ) Delete
Name: LAMB, ROLAND
Address: 18019 CROOKED LANE
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: MACDAID, ANDREA
Address: 18010 CLEAR LAKE DRIVE
City-St-Zip: LUTZ, FL 33548

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PULEO, MIKE
Address: 18107 CROOKED LANE
City-St-Zip: LUTZ, FL 33548

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNETTE M. BRADSTREET T 04/05/2004
Electronic Signature of Signing Officer or Director — Date

JOE YGLESIAS, DIRECTOR
18001 QUAIL LANE
LUTZ, FLORIDA 33548