

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90036 007 ****61.25

DOCUMENT # N02000003230					
1. Entity Name NORTH CRYSTAL-STRAWBERRY LAKE IMPROVEMENT ASSOCIATION, INC.					
Principal Place of Business 18214 CLEAR LAKE DRIVE LUTZ, FL 33548			Mailing Address 18214 CLEAR LAKE DRIVE LUTZ, FL 33548		
50004018					
2. Principal Place of Business 18106 CLEAR LAKE DR.		3. Mailing Address 18106 CLEAR LAKE DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LUTZ, FL		City & State LUTZ, FL		4. FEI Number 75-3043093	
Zip 33548		Country HILLSBOROUGH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADSTREET, ANNETTE M 18214 CLEAR LAKE DRIVE LUTZ, FL 33548		7. Name and Address of New Registered Agent Name: CRAIG W. HUBBARD Street Address (P.O. Box Number is Not Acceptable): 18106 CLEAR LAKE DRIVE City: LUTZ FL Zip Code: 33548			
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: <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE: 1/15/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete HOFFMANN, MARILYN 18104 CLEAR LAKE DRIVE LUTZ, FL 33548				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete BURDASH, NICK 18315 OWL DRIVE LUTZ, FL 33548				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete MACDAID, ANDREA 18010 CLEAR LAKE DRIVE LUTZ, FL 33548				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete BRADSTREET, ANNETTE M 18214 CLEAR LAKE DRIVE LUTZ, FL 33548				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PULEO, MIKE 18107 CROOKED LANE LUTZ, FL 33548				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LAMB, ROLAND 18019 CROOKED LANE LUTZ, FL 33548				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
SECRETARY (S) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
DIRECTOR (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVID C. HARRIS 18102 CLEAR LAKE DRIVE LUTZ, FL 33548					
TREASURER (T) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CRAIG W. HUBBARD 18106 CLEAR LAKE DRIVE LUTZ, FL 33548					
DIRECTOR (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOE IGLESIAS 18001 QUAIL LANE LUTZ, FL 33548					
PRESIDENT (P) <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 1/15/04 Daytime Phone #: 813-301-1231	