

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90038 034 ****61.25

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|--|--|--|---|---|--|
| DOCUMENT # N02000003230 1. Entity Name NORTH CRYSTAL-STRAWBERRY LAKE IMPROVEMENT ASSOCIATION, INC. | | | | | |
| Principal Place of Business 18106 CLEAR LAKE DRIVE LUTZ, FL 33548 | | | Mailing Address 18106 CLEAR LAKE DRIVE LUTZ, FL 33548 | | |
| 2. Principal Place of Business | | 3. Mailing Address P.O. Box 2646 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State Lutz, FL | | 4. FEI Number 75-3043093 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33548-446 | | Country USA | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent HUBBARD, CRAIG W 18106 CLEAR LAKE DRIVE LUTZ, FL 33548 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HOFFMANN, MARILYN 18104 CLEAR LAKE DRIVE LUTZ, FL 33548 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V NANNI, LAURA 603 WATERWOOD CT LUTZ, FL 33548 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARRIS, DAVID C 18102 CLEAR LAKE DRIVE LUTZ, FL 33548 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WOLFE, BARBARA 17920 BURNSIDE DRIVE LUTZ, FL 33548 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HUBBARD, CRAIG W 18106 CLEAR LAKE DRIVE LUTZ, FL 33548 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S AUGELLO, CHRIS 18006 CLEAR LAKE DRIVE LUTZ, FL 33548 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D IGLESIAS, JOE 18001 QUAIL LANE LUTZ, FL 33548 | <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 | P PULEO, MIKE 18107 CROOKED LANE LUTZ, FL 33548 | <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 LAMB, ROLAND 18019 CROOKED LANE LUTZ, FL 33548 | <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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <div style="display: flex; justify-content: space-between;"> 1/6/06 813-301-1231 </div> <small>Date Daytime Phone #</small> | | |