



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90019 024 ****61.25

DOCUMENT # N02000003230 1. Entity Name NORTH CRYSTAL-STRAWBERRY LAKE IMPROVEMENT ASSOCIATION, INC.					
Principal Place of Business 18106 CLEAR LAKE DRIVE LUTZ, FL 33548 US			Mailing Address P.O. BOX 2646 LUTZ, FL 33548-2646 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 FL Zip Code	
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, 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUGELLO, CHRIS 18006 CLEAR LAKE DRIVE LUTZ, FL 33548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, BARBARA 17920 BURNSIDE DRIVE LUTZ, FL 33548	<input type="checkbox"/> Delete			
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	D IGLESIAS, JOE 18001 QUAIL LANE LUTZ, FL 33548	<input checked="" type="checkbox"/> Delete			
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	D LAMB, ROLAND 18019 CROOKED LANE LUTZ, FL 33548	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUGELLO, CHRIS 18216 CLEAR LAKE DRIVE LUTZ, FL 33548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DAVID BEYER, DAVID 18216 CLEAR LAKE DRIVE LUTZ, FL 33548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NANNI, LAURA 603 WATERWOOD CT. LUTZ, FL 33548	<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 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 the 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, title or other like empowered.					
SIGNATURE:  4/16/07 813-301-1231 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CRAIG W. HUBBARD, TREASURER