

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 A
Secretary of State

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**



03042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3043093

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUBBARD, CRAIG W
18106 CLEAR LAKE DRIVE
LUTZ, FL 33548**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**S
AUGELLO, CHRIS
18006 CLEAR LAKE DRIVE
LUTZ, FL 33548**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
WOLFE, BARBARA
17920 BURNSIDE DRIVE
LUTZ, FL 33548**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**T
HUBBARD, CRAIG W
18106 CLEAR LAKE DRIVE
LUTZ, FL 33548**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VP
BEYER, DAVID
18216 CLEAR LAKE DR.
LUTZ, FL 33548**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
PULEO, MIKE
18107 CROOKED LANE
LUTZ, FL 33548**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P
NANNI, LAURA
603 WATERWOOD CT.
LUTZ, FL 33548**

U00000849582
03/21/08-80026-014 61.25

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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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CRAIG W. HUBBARD
TREASURER**

3/4/08
Date

813-948-3168
Daytime Phone #