2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 07, 2007 08:00 AN Secretary of State DOCUMENT # N02000007037 1. Entity Name CRYSTAL WATERS ESTATES PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailino Addross 7449 W GULF TO LAKE HWY 7449 W GULF TO LAKE HWY **CRYSTAL RIVER FL 34429** CRYSTAL RIVER FL 34429 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-1995153---Not Applicable Ζıp Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EYSTER, JAMES P Stroot Address (P.O. Box Number is Not Acceptable) 7449 W GULF TO LAKE HWY STE. 5 CRYSTAL RIVER FL 34429 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. → Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete IIIL Change Addition U00000626355 EYSTER, JAMES P NAMI NAME 02/15/07-80016-013 61.25 STREET ADDRESS STREET ADDRESS 7449 W GULF TO LAKE HWY, STE 5 CITY-ST-ZIP CITY-ST-7IP **CRYSTAL RIVER FL 34429** HILF ☐ Delete HILE Change Addition NAME EYSTER, JAMES S NAME STRUFT ADDRESS STREET ADDRESS 7449 W GULF TO LAKE HWY, STE 5 CATY-ST-ZIP CHY-ST-ZIP CRYSTAL RIVER FL 34429 TITLE ☐ Delete TITLE Change ■ Addition NAMI. EYSTER, JOAN W NAME STREET ADDRESS STRUET ADDRESS 7449 W GULF TO LAKE HWY, STE 5 CITY-ST-ZIP CITY-ST-ZIP **CRYSTAL RIVER FL 34429** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP IIIE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete Change THE Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP CITY-ST-ZIP

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 eath; 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.

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE: _

JAMES P. EVSTER

2-5-07

352-212-7245