2007 NOT-FOR-PROFIT CORPORATION

Jan 08, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # N02000008248 01-08-2007 90243 004 ****61.25 1. Entity Name CRYSTAL SPRING HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address CRYSTAL SPRINGS H.O.A. CRYSTAL SPRINGS H.O.A. 60000573 1428 RED OAK DRIVE P.O. BOX 451 TARPON SPRINGS, FL 34689 PALM HARBOR, FL 34682 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 56-2300404 City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'NEAL, WILLIAM K 1650 SANTA BARBARA DR Street Address (P.O. Box Number is Not Acceptable) TARPON SPRINGS, FL 34689 City Zip Code FI. 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 9. Election Campaign Financing Filling Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE TITLE ☐ Delete ☐ Change ☐ Addition O'NEAL, WILLIAM K NAME NAME 1650 SANTA BARBARA DR. STREET ADDRESS 1450 SANTA BARBARA DR STREET ADDRESS CITY-ST-7IP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition O'NEAL, WILLIAM C NAME NAME 1428 RED DAK DR. STREET ADDRESS 1420 RED OAK DR STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 CITY-ST-7IP TITLE TITLE Delete Change Addition NAME O'NEAL, RUBY W NAME 1428 RED OAK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 attach gent with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

Change

☐ Addition

FILED