

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90112 008 ****61.25

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01042008 Chg-NP CR2E037 (12/06)

DOCUMENT # N02000008248 1. Entity Name CRYSTAL SPRING HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business CRYSTAL SPRINGS H.O.A. 1428 RED OAK DRIVE TARPON SPRINGS, FL 34689			Mailing Address CRYSTAL SPRINGS H.O.A. P.O. BOX 451 PALM HARBOR, FL 34682		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2300404	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional 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 TARPON SPRINGS, FL 34689			Name Street Address (P.O. Box Number is Not Acceptable) City <u>DUNEDIN</u> FL Zip Code <u>34698</u>		
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, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'NEAL, WILLIAM K		NAME		
STREET ADDRESS	1650 SANTA BARBARA DR.		STREET ADDRESS		
CITY ST ZIP	DUNEDIN, FL 34698		CITY ST ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'NEAL, WILLIAM C		NAME		
STREET ADDRESS	1428 RED OAK DR.		STREET ADDRESS		
CITY ST ZIP	TARPON SPRINGS, FL 34689		CITY ST ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'NEAL, RUBY W		NAME		
STREET ADDRESS	1428 RED OAK DR		STREET ADDRESS		
CITY ST ZIP	TARPON SPRINGS, FL 34689		CITY ST ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
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: <u>William K O'Neal</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/11/08</u> <u>727-789-0033</u> <small>Date Daytime Phone #</small>		