

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90960 020 ****61.25

DOCUMENT # N02000008248

1. Entity Name

CRYSTAL SPRING HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

C/O GOTTLIEB & GOTTLIEB, P.A.
2475 ENTERPRISE ROAD #100
CLEARWATER FL 33763

Mailing Address

C/O GOTTLIEB & GOTTLIEB, P.A.
2475 ENTERPRISE ROAD #100
CLEARWATER FL 33763

2. Principal Place of Business

CRYSTAL SPRING H.O.A.

3. Mailing Address

CRYSTAL SPRING H.O.A.

Suite, Apt. #, etc.

1428 RED OAK DRIVE

Suite, Apt. #, etc.

P.O. Box 451

City & State

TARPON SPRINGS, FLA.

City & State

PALM HARBOR, FLA.

4. FEI Number

56-230 04-04

Applied For

Not Applicable

Zip

34684

Country

FLORIDA

Zip

34682

Country

FLORIDA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GOTTLIEB & GOTTLIEB, P.A.
2475 ENTERPRISE ROAD
SUITE 100
CLEARWATER FL 33763

7. Name and Address of New Registered Agent

Name

WILLIAM K. O'NEAL

Street Address (P.O. Box Number is Not Acceptable)

1428 RED OAK DRIVE

City

TARPON SPRINGS

FL

Zip Code

34682

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

William K. O'Neal

WILLIAM K. O'NEAL (PRES)

FEB. 26, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'NEAL, WILLIAM K C/O 2475 ENTERPRISE ROAD #100 CLEARWATER FL 33763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'NEAL, WILLIAM C C/O 2475 ENTERPRISE ROAD #100 CLEARWATER FL 33763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'NEAL, RUBY W C/O 2475 ENTERPRISE ROAD #100 CLEARWATER FL 33763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

William K. O'Neal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM K. O'NEAL 2/26/03 727-789-0033

CR2E037 (10/02)