

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000000577**

**1. Entity Name**  
**CREWS LAKE TRAILS PROPERTY OWNERS'**  
**ASSOCIATION, INC.**



**Principal Place of Business**  
**2682 HICKORY VIEW LOOP**  
**LAKELAND, FL 33813**

**Mailing Address**  
**2682 HICKORY VIEW LOOP**  
**LAKELAND, FL 33813**

**DO NOT WRITE IN THIS SPACE**



03182006 No Chg-NP

CRZE037 (11/05)

**4. FEI Number**  
**65-1170016**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**WOLD, RICK**  
**2682 HICKORY VIEW LOOP**  
**LAKELAND, FL 33813**

**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 reappointing)*

**DATE**

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

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

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**PO**  
**WOLD, RICK**  
**2682 HICKORY VIEW LOOP**  
**LAKELAND, FL 33813**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**VSD**  
**PETROCELLI, CHANNA**  
**2634 HICKORY VIEW LOOP**  
**LAKELAND, FL 33813**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**T**  
**MORRIS, ASHLI**  
**2616 HICKORY VIEW LOOP**  
**LAKELAND, FL 33813**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**D**  
**EDOIZIN, DELLILE**  
**2677 HICKORY VIEW LOOP**  
**LAKELAND, FL 33813**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

U00000505646  
04/26/06-80120-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Signature and typed or printed name of signing officer or director*

**DATE**

**Daytime Phone #**

4-9-06 863-619-8988