

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000900

FILED
Apr 07, 2004
Secretary of State

Entity Name: CRYSTAL MANOR COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 41
INGLIS, FL 34449

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 41
INGLIS, FL 34449

New Mailing Address:

FEI Number: 36-4525983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OPALESKI, ANDREW
10661 N. SUNFLOWER POINT
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

WATTS, WILLIAM D
8739 N BARBERRY WAY
CRYSTAL RIVER, FL 344287303 US

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.

SIGNATURE: WILLIAM D WATTS

04/07/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OPALESKI, ANDREW
Address: 10661 N. SUNFLOWER POINT
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP () Delete
Name: YOUNG, BRAD J
Address: 10700 N. SUNFLOWER POINT
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: T () Delete
Name: CONRAD, SUZANNE
Address: 12428 W. DEODAR STREET
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: S () Delete
Name: STALCUP, CARLA
Address: 12342 W. ANEMONE COURT
City-St-Zip: CRYSTAL RIVER, FL 34428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WATTS, WILLIAM D
Address: 8739 N BARBERRY WAY
City-St-Zip: CRYSTAL RIVER, FL 344287303

Title: VP (X) Change () Addition
Name: YOUNG, ROSEMARY
Address: 10700 N. SUNFLOWER POINT
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: T (X) Change () Addition
Name: CONRAD, SUZANNE
Address: 12428 W. DEODAR STREET
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: S (X) Change () Addition
Name: HILL, CLEO
Address: 12029 W CHECKERBERRY DR
City-St-Zip: CRYSTAL RIVER, FL 34428

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE CONRAD

T

04/07/2004

Electronic Signature of Signing Officer or Director

Date