

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000900

FILED  
Apr 30, 2005  
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:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FORBES, SCOTT  
Address: 12342 N CHINA PINK WAY  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: VP (X) Change ( ) Addition  
Name: BERGAMINI, HANK  
Address: 12685 W CHECKERBERRY DR  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HOLMES-RAY, JANICE  
Address: 12165 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

04/30/2005

Electronic Signature of Signing Officer or Director

Date