2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# N03000000900

Entity Name: CRYSTAL MANOR COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 41
INGLIS, FL 34449

New Principal Place of Business:

8739 N BARBERRY WAY
CRYSTAL RIVER, FL 34428 CT

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 (X)**

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:

WATTS, WILLIAM D P/T
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 04/11/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: SCHMIDT, RG
Address: 8502 N BRIARPATCH AVE.
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: S ( ) Delete
Name: HOLMES-RAY, JANICE
Address: 12165 W CHECKERBERRY DR
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D ( ) Delete
Name: O'NEIL, RICHARD
Address: 12763 W. ACACIA DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D ( ) Delete
Name: RATHBUN, JAMES
Address: 10641 N. SUNFLOWER POINT
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D ( ) Delete
Name: RICHARDSON, EDENBUR
Address: 12480 W. DEODAR STREET
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D ( ) Delete
Name: KAMINSKI, JAMES
Address: 9457 N. EVENSTOCK WAY
City-St-Zip: CRYSTAL RIVER, FL 34428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: WILLIAM D. WATTS P/T 04/11/2007
Electronic Signature of Signing Officer or Director Date