

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90198 017 ****61.25

DOCUMENT # N03000000900

1. Entity Name

CRYSTAL MANOR COMMUNITY ASSOCIATION, INC.



Principal Place of Business

8739 N BARBERRY WAY
CRYSTAL RIVER FL 34428
CT

Mailing Address

P.O. BOX 41
INGLIS FL 34449

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4525983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

WATTS, WILLIAM D P/T
8739 N BARBERRY WAY
CRYSTAL RIVER FL 34428-7303

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 re-stating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, RG	
STREET ADDRESS	8502 N BRIARPATCH AVE.	
CITY-STATE-ZIP	CRYSTAL RIVER FL 34428	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOLMES-RAY, JANICE	
STREET ADDRESS	12165 W CHECKERBERRY DR	
CITY-STATE-ZIP	CRYSTAL RIVER FL 34428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'NEIL, RICHARD	
STREET ADDRESS	12763 W. ACACIA DRIVE	
CITY-STATE-ZIP	CRYSTAL RIVER FL 34428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RATHBUN, JAMES	
STREET ADDRESS	10641 N. SUNFLOWER POINT	
CITY-STATE-ZIP	CRYSTAL RIVER FL 34428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, EDENBUR	
STREET ADDRESS	12480 W. DEODAR STREET	
CITY-STATE-ZIP	CRYSTAL RIVER FL 34428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAMINSKI, JAMES	
STREET ADDRESS	9457 N. EVENSTOCK WAY	
CITY-STATE-ZIP	CRYSTAL RIVER FL 34428	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gregory D. Watts	
STREET ADDRESS	9400 Blanche Lee Way	
CITY-STATE-ZIP	Crystal River, FL 34428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William D. Watts
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

4/21/08 (352)794-0177