

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-29-2008 90021 032 ****61.25

DOCUMENT # N05000010224

1. Entity Name
CRYSTAL LAKE PRESERVE, INC.



Principal Place of Business
**336 W. LAKEVIEW AVE.
LAKE MARY, FL 32746**

Mailing Address
**336 W. LAKEVIEW AVE.
LAKE MARY, FL 32746**



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

02252008

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-3691155

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEIDIGH, DARREL
336 W. LAKEVIEW AVE.
LAKE MARY, FL 32746**

7. Name and Address of New Registered Agent

Name
Bettye S Leidigh
Street Address (P.O. Box Number is Not Acceptable)
336 West Lakeview Ave
City
Lake Mary **FL** Zip Code
32746

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

Bettye S Leidigh

Bettye S Leidigh

2-26-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
LEIDIGH, DARRELL
336 W. LAKEVIEW AVE.
LAKE MARY, FL 32746** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
LEIDIGH, MARK W
320 W. LAKEVIEW AVE.
LAKE MARY, FL 32746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
LEIDIGH, BETTYE S
336 W. LAKEVIEW AVE.
LAKE MARY, FL 32746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BELL, KENNETH A
5085 BLACKNELL LN.
SANFORD, FL 32772** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOUSTON, DEANNA R
750 SAGANA POINT
LAKE MARY, FL 32746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMSON, DEBBIE L
239 RIDGE RD
LAKE MARY, FL 32746** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
Leidigh, Cheryl
320 W Lakeview Ave
Lake Mary, FL 32746** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
Leidigh, Mark W
320 W Lakeview Ave, Lake Mary FL 32746** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Jones, Faith
763 Mallard Dr
Sanford, FL 32772** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BELL, KENNETH A
5085 BLACKNELL LN.
SANFORD, FL 32772** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOUSTON, DEANNA R
750 SAGANA POINT
LAKE MARY, FL 32746** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMSON, DEBBIE L
239 RIDGE RD
LAKE MARY, FL 32746** ☐ Change ☐ Addition

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

Bettye S Leidigh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bettye S Leidigh DST

407-323-2763

2-26-08
Daytime Phone #