

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N05000014375**

1. Entity Name  
**THE CRYSTAL CREEK COMMERCIAL PARK PROPERTY  
OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**1033 STATE RD 436  
121  
CASSELBERRY, FL 32707**

Mailing Address  
**1033 STATE RD 436 STE 121  
CASSELBERRY, FL 32707**



01302008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3857406**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BECKETT, WILLIAM A  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801**

**DO NOT WRITE  
IN THIS SPACE**

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 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**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
GREGG, CHARLES W  
1033 STATE RD 436 #121  
CASSELBERRY, FL 32707**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
CONLEY, HAMPTON P  
1033 STATE RD 436 #121  
CASSELBERRY, FL 32707**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
SNYDER, SIMON  
1033 STATE RD 436 #121  
CASSELBERRY, FL 32707**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
MANDELL, ROBERT A  
1033 STATE RD 436 #121  
CASSELBERRY, FL 32707**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO  
GALLAGHER, STEPHEN M  
1033 STATE RD 436  
CASSELBERRY, FL 32707**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000816260  
02/14/08-80042-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #