2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05505

FILED Mar 19, 2007 Secretary of State

Entity Name: CRYSTAL LAKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
3684 TAMPA RD SUITE 6 OLDSMAR, FL 34677 US				4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US			
Current Mailing Address:				New Mailing Address:			
3684 TAMPA RD SUITE 6 OLDSMAR, FL 34677 US				4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US			
FEI Number:	59-2461733	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address	of New Registered Agent:	
HERITAGE PROPERTY MANAGEMENT, INC. HERITAGE PROPERTY MANAGEMENT, INC. 3684 TAMPA RD., STE. 6 OLDSMAR, FL 34677 US				REARDON, MAUREEN C PROGRESSIVE MANAGEMENT, INC 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US			
in the State		ubmits this statement for the p	urpose o	t changing it	s registere	ed office or registered agent, or both,	
SIGNATURE: MAUREEN C. REARDON				03/19/2007			
	Electron	ic Signature of Registered Age	nt			Date	
OFFICERS	AND DIREC	rors:		ADDITION	S/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	SD () SLELZA, CARO 3380 CRYSTAL PALM HARBOR	COURT E. #H		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () ONTACK, FRED 2831 LANDOVE CLEARWATER,	R DR		Title: Name: Address: City-St-Zip:		(X) Change()Addition DMAS YSTAL COURT BOR, FL 34685	
Title: Name: Address: City-St-Zip:	VD () ROSE, TOM 3367 H CRYSTA PALM HARBOR			Title: Name: Address: City-St-Zip:	VD CARNIVALE 3377 E CR PALM HAR	*	
Title: Name: Address: City-St-Zip:	TD () STRIPLING, BIL 3345 D CRYSTA PALM HARBOR	AL CT		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () REED, SANDRA 3377 C CRYSTA PALM HARBOR	AL CT		Title: Name: Address: City-St-Zip:		() Change () Addition	

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: THOMAS ROSE P 03/19/2007