

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90012 039 \*\*\*\*70.00

<b>DOCUMENT # N06000002858</b> 1. Entity Name CRYSTAL MANATEE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 130 S SUNCOAST BLVD. #26 CRYSTAL RIVER, FL 34429			Mailing Address 130 S SUNCOAST BLVD. #26 CRYSTAL RIVER, FL 34429		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 41-2201186	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  WHITE, JEANNE A 130 S SUNCOAST BLVD #26 CRYSTAL RIVER, FL 34429			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUENS, DELLA 130 S. SUNCOAST BLVD #44 CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENE, JEAN 130 S SUNCOAST BLVD #51 CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HELLYER, MARY 130 S. SUNCOAST BLVD #22 CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PERRY, SAM 130 S. SUNCOAST BLVD #27 CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WHITE, JEANNE A 130 S SUNCOAST BLVD #26 CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, KEN 130 S. SUNCOAST BLVD #39 CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	11. <u>VPD</u> (MRS. BRUENS IS NOW OUR VICE PRESIDENT) <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: JEANNE A. WHITE</b> <i>Jeanne A. White</i> <u>3/27/08</u> <u>(352) 563-2346</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					