## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

## **Secretary of State** 06-02-2008 90002 022 \*\*\*\*61.25 **DOCUMENT # N07000002229** 1. Entity Name CRYSTAL SHORES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 66015165 6649 WESTWOOD BOULEVARD 6649 WESTWOOD BOULEVARD ORLANDO, FL 32821-6090 ORLANDO, FL 32821-6090 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 04072008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 68-0683063 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301-2607 City 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, types or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when minstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Detete TITLE ☐ Change ☐ Addition FORRESTER, GREGG HAME NAME 6649 WESTWOOD BOULEVARD STREET ADDRESS CIDELL TUUDECC CITY-ST-ZIP ORLANDO, FL 328216090 CITY-ST-ZIF VD TITLE Delete TITLE ☐ Change ☐ Addition WHELIHAN, BILL MAME NAME STREET ADDRESS 6649 WESTWOOD BOULEVARD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 328216090 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HODGE, CINDY NAME NAME STREET ADDRESS 6649 WESTWOOD BOULEVARD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 328216090 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receives 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 fixe ampowered.

FILED Jul 10, 2008 8:00 am