

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002701

FILED
Mar 10, 2009
Secretary of State

Entity Name: CRYSTAL PRESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

19001 SUNLAKE BLVD.
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

2189 CLEVELAND STREET
225
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BARTOLETTA, JAMES M
19001 SUNLAKE BLVD.
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

LEIGHTON, LENNARD A
2189 CLEVELAND STREET
225
CLEARWATER, FL 33765 US

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.

SIGNATURE: LENNARD A LEIGHTON

03/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BARTOLETTA, JAMES M
Address: 19001 SUNLAKE BLVD.
City-St-Zip: LUTZ, FL 33558

Title: DVP () Delete
Name: HANNAH, KIMBERLY A
Address: 19001 SUNLAKE BLVD.
City-St-Zip: LUTZ, FL 33558

Title: DST () Delete
Name: HANNAH, CHARLES A
Address: 19001 SUNLAKE BLVD.
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARTOLETTA, JAMES M
Address: 19001 SUNLAKE BLVD.
City-St-Zip: LUTZ, FL 33558

Title: VPD (X) Change () Addition
Name: KIRCHNER, SCOTT
Address: 19001 SUNLAKE BLVD.
City-St-Zip: LUTZ, FL 33558

Title: STD (X) Change () Addition
Name: HANNAH, CHARLES A
Address: 19001 SUNLAKE BLVD.
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify 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: JAMES M BARTOLETTA

PD

03/10/2009

Electronic Signature of Signing Officer or Director

Date