2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N10364

Entity Name: CRYSTAL LAKES MANORS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

GREENACRE PROPERTIES, INC.
4131 GUNN HIGHWAY
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

GREENACRE PROPERTIES, INC.
4131 GUNN HIGHWAY
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-2645991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEZER, STEVE
1801 N. HIGHLAND AVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: COOK, JO
Address: 508 SHADOW GROVE CT
City-St-Zip: LUTZ, FL 33548

Title: SD ( ) Delete
Name: FOSTER, KIM
Address: 18302 PLEASANT RIDGE BLVD
City-St-Zip: LUTZ, FL 33548

Title: TD ( ) Delete
Name: MCALLISTER, JOHN
Address: 18103 PECAN GROVE
City-St-Zip: LUTZ, FL 33548

Title: PD ( ) Delete
Name: DUDNEY, MARC
Address: 18101 CLEAR LAKE DRIVE
City-St-Zip: LUTZ, FL 33548

Title: D (X) Delete
Name: GONZALEZ, GLEN
Address: 522 OLD GROVE DRIVE
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COOK, JO
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: SD (X) Change ( ) Addition
Name: QUETGLEZ, CHRISTINA
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: TD (X) Change ( ) Addition
Name: MCALLISTER, JOHN
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: VPD (X) Change ( ) Addition
Name: GONZALEZ, GLEN
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JO COOK PD 04/14/2009

Electronic Signature of Signing Officer or Director — Date