

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90367 046 ****61.25

DOCUMENT # N11623 1. Entity Name THE CLUB AT CRYSTAL LAKE II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O THE MANAGEMENT CONNECTION 8270 COLLEGE PARKWAY 103 FT MYERS, FL 33919 US		Mailing Address C/O THE MANAGEMENT CONNECTION 8270 COLLEGE PARKWAY 103 FT MYERS, FL 33919 US	
2. Principal Place of Business 6700 Winkler Rd Suite, Apt. #, etc. #2 City & State FT. MYERS, FL Zip 33919 Country US		3. Mailing Address same Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-2726344		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03072006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent FREDEN, ARLENE A 8270 COLLEGE PARKWAY 103 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name Alliant Property mgmt Street Address (P.O. Box Number is Not Acceptable) 6700 Winkler Rd #2 City FT. MYERS FL Zip Code 33919	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		JACK STROHM <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOODRICH, JOHN 8504 CHARTER CLUB CIR #6 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DON MUEHLENFORTH 8504 CHARTER CLUB CIR #2 FT MYERS, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUMM, JEANNE 8504 CHARTER CLUB CIR #3 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THAN, HILARY 8514 CHARTER CLUB CIR #12 FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		JEANNE GUMM Date 4/11/06 Daytime Phone # (570) 897-7131 (Pa.) (239) 482-6257 (FLA.)	