

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90183 008 ****61.25

DOCUMENT # N11623 1. Entity Name THE CLUB AT CRYSTAL LAKE II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6700 WINKLER RD 2 FT MYERS, FL 33919 US		Mailing Address 6700 WINKLER RD 2 FT MYERS, FL 33919 US	
2. Principal Place of Business - No P.O. Box # 11595 KELLY RD Suite, Apt. #, etc. 110		3. Mailing Address APEX MANAGEMENT Suite, Apt. #, etc. 11595 KELLY RD STE 110	
City & State FORT MYERS FL		City & State FORT MYERS FL	
Zip 33908	Country US	Zip 33908	Country US
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	
6. Name and Address of Current Registered Agent ALLIANT PROPERTY MGMT 6700 WINKLER RD 2 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name APEX MANAGEMENT SERVICES OF Street Address (P.O. Box Number is Not Acceptable) LEE 11595 KELLY RD STE 110 City FORT MYERS FL Zip Code 33908	
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. (NOTE: Registered Agent signature required when reinstating.)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>			
TITLE VPD NAME GOODRICH, JOHN STREET ADDRESS 8504 CHARTER CLUB CIR #6 CITY - ST - ZIP FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE PD NAME PD STREET ADDRESS PD CITY - ST - ZIP PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME GUMM, JEAN STREET ADDRESS 8504 CHARTER CLUB CIR #3 CITY - ST - ZIP FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE STD NAME GUMM, JEANNE STREET ADDRESS GUMM, JEANNE CITY - ST - ZIP GUMM, JEANNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME MUHLFORTH, DON STREET ADDRESS 8504 CHARTER CLUB CIR 2 CITY - ST - ZIP FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE VB NAME VB STREET ADDRESS 8504 CHARTER CLUB CIR #2 CITY - ST - ZIP 8504 CHARTER CLUB CIR #2	<input checked="" 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
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: <u>John Goodrich</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN GOODRICH		Date <u>4/25/07</u> (239) 437-8400 Daytime Phone #	