

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90044 007 ****61.25

DOCUMENT # N11623 1. Entity Name THE CLUB AT CRYSTAL LAKE II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 11595 KELLY RD SUITE 110 FORT MYERS, FL 33908 US		Mailing Address C/O APEX MANAGEMENT 11595 KELLY RD. STE 110 FORT MYERS, FL 33908 US	
2. Principal Place of Business - No P.O. Box # 13611 MCGREGOR BLVD		3. Mailing Address 13611 MCGREGOR BLVD	
Suite, Apt. #, etc. STE 6		Suite, Apt. #, etc. STE 6	
City & State FORT MYERS FL		City & State FORT MYERS FL	
Zip 33919		Zip 33919	
Country USA		Country USA	
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 APEX MGMT SCVS. OF LEE COUNTY INC. 11595 KELLY RD STE 110 FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name APEX MANAGEMENT SERVICES Street Address (P.O. Box Number is Not Acceptable) 13611 MCGREGOR BLVD STE 6 City FORT 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 <i>Grace J. Murray, CAM</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>GRACE J. MURRAY, CAM</i> 4-10-08 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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	PD GOODRICH, JOHN 8504 CHARTER CLUB CIR #6 FORT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GUMM, JEANNE 8504 CHARTER CLUB CIR #3 FORT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MUHLENFORTH, DON 8504 CHARTER CLUB CIR 2 FORT MYERS, FL 33919	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
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: <i>John Goodrich</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN GOODRICH		4/10/08 239 466 5665 Date Daytime Phone #	