

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20786

(2)

1. Corporation Name

CROOKED LAKE TERRACE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% PATRICK WILSON
17555 LAKE TERRACE DR
EUSTIS FL 32776
US

% PATRICK WILSON
17555 LAKE TERRACE DR
EUSTIS FL 32776
US



900001863529

-06/17/96--01034--036

***61.25

3. Date Incorporated or Qualified
05/22/1987

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2981250

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, PATRICK
17555 LAKE TERRACE DR
EUSTIS FL 32726

81 Name

SCOTT WOLKELL

82 Street Address (P.O. Box Number is Not Acceptable)

1835 LAKE TERRACE DRIVE

83

84 City

EUSTIS

FL

85 Zip Code

32726

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Scott Wolkell

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WILSON, PATRICK
STREET ADDRESS 17555 LAKE TERRACE DR
CITY-ST-ZIP EUSTIS FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD
SCOTT WOLKELL
1835 LAKE TERRACE DR
EUSTIS FL 32726

Change Addition

TITLE VPD
NAME KING, GREGORY
STREET ADDRESS 17353 LAKE TERRACE DR
CITY-ST-ZIP EUSTIS FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

SECRETARY/TREASURER
ROBERT SHORT
1850 LAKE TERRACE DR
EUSTIS, FL 32726

Change Addition

TITLE SD
NAME CARTWRIGHT, CHARLES
STREET ADDRESS 1715 LAKE TERRACE DR
CITY-ST-ZIP EUSTIS FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D
WITAY GURINSKY
302 EAST MIRROR LAKE DR.
FRUITLAND PARK, FL 34731

Change Addition

TITLE TD
NAME COMPTON, WILLIAM
STREET ADDRESS 1841 LAKE TERRACE DR
CITY-ST-ZIP EUSTIS FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

SAME

Change Addition

TITLE D
NAME SULLIVAN, TIM
STREET ADDRESS 1780 LAKE TERRACE DR
CITY-ST-ZIP EUSTIS FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D
ED JONES
1761 LAKE TERRACE DRIVE
EUSTIS, FL 32726

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Short SECRETARY/TREASURER

Date

27 APR 96

Daytime Phone #

352-352-8675

CR2E037 (12/95)