


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90150 035 ****61.25

DOCUMENT # N25131

1. Entity Name
CRYSTAL OAKS CIVIC ASSOCIATION, INC.



Principal Place of Business
CRYSTAL OAKS CIVIC ASSOCIATION
4958 W CRYSTAL OAKS DR
LECANTO, FL 34460 US

Mailing Address
CRYSTAL OAKS CIVIC ASSOCIATION
PO BOX 287
LECANTO, FL 34460 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04302008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2910539

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COWEN, PATRICIA
421 N. TURKEY PINE LOOP
LECANTO, FL 34461

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD Delete
 NAME COWEN, PATRICIA
 STREET ADDRESS 421 N. TURKEY PINE LOOP
 CITY-ST-ZIP LECANTO, FL 34461

TITLE VD Delete
 NAME DODGINS, CHARLES
 STREET ADDRESS 5648 W. HUNTERS RIDGE CIRCLE
 CITY-ST-ZIP LECANTO, FL 34461

TITLE SD Delete
 NAME PLOS, JACQUELINE
 STREET ADDRESS 5500 W. HEATHER RIDGE PATH
 CITY-ST-ZIP LECANTO, FL 34461

TITLE TD Delete
 NAME GRIDER, JOYCE
 STREET ADDRESS 458 N. ZEBRAWOOD POINT
 CITY-ST-ZIP LECANTO, FL 34461

TITLE D Delete
 NAME KROECK, RALPH
 STREET ADDRESS 5042 W. SAGO PALM COURT
 CITY-ST-ZIP LECANTO, FL 34461

TITLE D Delete
 NAME CRAIG, SANDRA
 STREET ADDRESS 111 N. CRYSTAL MEADOW PATH
 CITY-ST-ZIP LECANTO, FL 34461

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Change Addition
 NAME PLOS, JACQUELINE
 STREET ADDRESS 5500 W. HEATHER RIDGE PATH
 CITY-ST-ZIP LECANTO, FL 34461

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Patricia Cowen **PATRICIA COWEN** 4/30/08 352-746-9003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #