

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am  
Secretary of State

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # **N25254** (6)  
1. Corporation Name  
**CRYSTAL LAKE CLUB HOMEOWNERS ASSOCIATION, INC.**



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| Principal Place of Business<br><b>C/O MILTNER, EUGENE C<br/>3097 S COUNTRY CLUB DR<br/>AVON PARK FL 33825<br/>US</b> | Mailing Address<br><b>C/O MILTNER, EUGENE C<br/>3097 S COUNTRY CLUB DR<br/>AVON PARK FL 33825-6382<br/>US</b> |
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| 3. Date Incorporated or Qualified<br><b>03/07/1988</b> | 3a. Date of Last Report<br><b>05/01/1996</b> |
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| 2. Principal Place of Business<br><b>21 c/o Patricia Donovan</b><br>Suite, Apt. #, etc.<br><b>22 3084 S. Country Club Dr.</b><br>City & State<br><b>23 Avon Park, FL</b><br>Zip<br><b>24 33825</b> Country | 2a. Mailing Address<br><b>26 c/o Patricia Donovan</b><br>Suite, Apt. #, etc.<br><b>27 3084 S. Country Club Dr.</b><br>City & State<br><b>28 Avon Park, FL</b><br>Zip<br><b>29 33825</b> Country |
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| 4. FEI Number<br><b>NOT APPLICABLE</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing: Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

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| 9. Name and Address of Current Registered Agent<br><b>MILTNER, EUGENE C<br/>3097 S COUNTRY CLUB DRIVE<br/>AVON PARK FL 33825</b> |  |
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| 10. Name and Address of New Registered Agent<br><b>81 Name<br/>Donovan, Patricia<br/>82 Street Address (P.O. Box Number is Not Acceptable)<br/>3084 S. Country Club Dr.<br/>83 Avon Park, FL<br/>84 City<br/>FL 85 Zip<br/>33825</b> |  |
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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 Patricia Donovan (PATRICIA DONOVAN) 4-1-97  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | D <input type="checkbox"/> DELETE            | 1.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>CRAIN, R. RODERICK</b>                    | 1.2 NAME  | <b>Breen, Millicent</b>  |
| STREET ADDRESS             | <b>2657 S. FLAMINGO RD.</b>                  | 1.3 STREET ADDRESS                                    | <b>3213 Alligator Alley</b>  |
| CITY-ST-ZIP                | <b>AVON PARK FL</b>                          | 1.4 CITY-ST-ZIP                                       | <b>Avon Park, FL 33825</b>   |
| TITLE                      | D <input type="checkbox"/> DELETE            | 2.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>DONOVAN, PATRICIA</b>                     | 2.2 NAME  | <b>Francis, Barbara</b>  |
| STREET ADDRESS             | <b>3084 S COUNTRY CLUB DRIVE</b>             | 2.3 STREET ADDRESS                                    | <b>3129 S. Country Club Dr.</b>  |
| CITY-ST-ZIP                | <b>AVON PARK FL</b>                          | 2.4 CITY-ST-ZIP                                       | <b>Avon Park, FL 33825</b>   |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <del>MILTNER, EUGENE C</del>                 | 3.2 NAME  | <b>Riddle, Carleton</b>  |
| STREET ADDRESS             | <del>3097 S COUNTRY CLUB DRIVE</del>         | 3.3 STREET ADDRESS                                    | <b>656 S.E. Turtles Turn</b>   |
| CITY-ST-ZIP                | <del>AVON PARK FL</del>                      | 3.4 CITY-ST-ZIP                                       | <b>Avon Park, FL 33825</b>   |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <del>KOEBBE, JOSEPH</del>                    | 4.2 NAME  | <b>JACKIE FURE</b>   |
| STREET ADDRESS             | <del>613 E. CRYSTAL LAKE DR.</del>           | 4.3 STREET ADDRESS                                    | <b>2607 S. NICKLAUS DR.</b>  |
| CITY-ST-ZIP                | <del>AVON PARK FL</del>                      | 4.4 CITY-ST-ZIP                                       | <b>AVON PARK, FL 33825</b>   |
| TITLE                      | D <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | <b>FAULKNER, JOYCE</b>                       | 5.2 NAME  |  |
| STREET ADDRESS             | <b>2805 S. COUNTRY CLUB DR.</b>              | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>AVON PARK FL</b>                          | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | <del>GROWLEY, JOY</del>                      | 6.2 NAME  |  |
| STREET ADDRESS             | <del>3101 S COUNTRY CLUB DR</del>            | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <del>AVON PARK FL</del>                      | 6.4 CITY-ST-ZIP                                       |  |

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patricia Donovan (PATRICIA DONOVAN) 4-1-97 941-471-6898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053387

CR2E037 (9/96)