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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25254** (6)
1. Corporation Name
CRYSTAL LAKE CLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O PATRICIA DONOVAN 3084 S. COUNTRY CLUB DR AVON PARK FL 33825 US	Mailing Address C/O PATRICIA DONOVAN 3084 S. COUNTRY CLUB DR AVON PARK FL 33825 US
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3. Date Incorporated or Qualified 03/07/1988
4. FEI Number NOT APPLICABLE
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DONOVAN, PATRICIA
3084 S. COUNTRY CLUB DRIVE
AVON PARK FL 33825**

81 Name CRAIN, RODERICK
82 Street Address (P.O. Box Number is Not Acceptable) 2657 S. FLAMINGO RD.
83 AVON PARK
84 City FL 85 Zip Code 33825

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 **Roderick Crain** *Roderick Crain* **3/26/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAIN, RODERICK	
STREET ADDRESS	2657 S. FLAMINGO RD.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DONOVAN, PATRICIA	
STREET ADDRESS	3084 S COUNTRY CLUB DRIVE	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BREEN, MILLICENT	
STREET ADDRESS	3213 ALLIGATOR ALLEY	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANCIS, BARBARA	
STREET ADDRESS	3129 S. COUNTRY CLUB DR.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAULKNER, JOYCE	
STREET ADDRESS	2605 S. COUNTRY CLUB DR.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIDDLE, CARLETON	
STREET ADDRESS	858 S.E. TURTLES TURN	
CITY-ST-ZIP	AVON PARK FL 33825	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EUSTAFSON, DAVID	
1.3 STREET ADDRESS	2917 S. COUNTRY CLUB DR.	
1.4 CITY-ST-ZIP	AVON PARK, FL. 33825	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MAYER, MARY	
2.3 STREET ADDRESS	3058 S. COUNTRY CLUB DR.	
2.4 CITY-ST-ZIP	AVON PARK, FL. 33825	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FLYNN, GORDON	
3.3 STREET ADDRESS	485 S.E. SNEAD CIRCLE	
3.4 CITY-ST-ZIP	AVON PARK, FL. 33825	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MUSSMANN, EDWIN	
4.3 STREET ADDRESS	617 E. CRYSTAL LAKE DR.	
4.4 CITY-ST-ZIP	AVON PARK, FL. 33825	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Roderick Crain* **Roderick Crain** **3/26/98** **941-471-3787**

CR2E037 (10/97)