

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90141 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N25254

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



2. Principal Place of Business 21 <u>90 John Donovan</u> Suite, Apt. #, etc. 22 <u>3084 S. COUNTRY CLUB DR</u> City & State 23 <u>AVON PARK FL</u> Zip 24 <u>33825</u> Country 25 <u>HIGHLANDS</u>	2a. Mailing Address 26 <u>90 John Donovan</u> Suite, Apt. #, etc. 27 <u>3084 S. COUNTRY CLUB DR</u> City & State 28 <u>AVON PARK FL</u> Zip 29 <u>33825</u> Country 30 <u>HIGHLANDS</u>	3. Date Incorporated or Qualified <u>03/07/1988</u> 4. FEI Number <u>NOT APPLICABLE</u> 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
--	---	---

9. Name and Address of Current Registered Agent

CRAIN, RODERICK
2657 S FLAMINGO RD
AVON PARK FL 33825

10. Name and Address of New Registered Agent

81 Name <u>John Donovan</u>	82 Street Address (P.O. Box Number is Not Acceptable) <u>3084 S. COUNTRY CLUB DR</u>	83	84 City <u>Avon Park</u>	85 Zip Code <u>FL 33825</u>
--------------------------------	---	----	-----------------------------	--------------------------------

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

John Donovan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>GUSTAFSON, DAVID</u>	1.2 NAME	<u>JOHN DONOVAN</u>
STREET ADDRESS	<u>2917 S COUNTRY CLUB DR</u>	1.3 STREET ADDRESS	<u>3084 S. COUNTRY CLUB DR</u>
CITY-ST-ZIP	<u>AVON PARK FL 33825</u>	1.4 CITY-ST-ZIP	<u>AVON PARK FL 33825</u>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>MAYER, MARY</u>	2.2 NAME	<u>HOWARD MCVEY</u>
STREET ADDRESS	<u>3058 S COUNTRY CLUB DR</u>	2.3 STREET ADDRESS	<u>675 E. MOCKINGBIRD LANE</u>
CITY-ST-ZIP	<u>AVON PARK FL 33825</u>	2.4 CITY-ST-ZIP	<u>AVON PARK FL 33825</u>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>FLYNN, GORDON</u>	3.2 NAME	<u>LARRY WOODSEY D.</u>
STREET ADDRESS	<u>485 SE SNEAD CIR</u>	3.3 STREET ADDRESS	<u>LARRY WOODSEY</u>
CITY-ST-ZIP	<u>AVON PARK FL 33825</u>	3.4 CITY-ST-ZIP	<u>3921 S. COUNTRY CLUB DR</u>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>MUSSMANN, EDWIN</u>	4.2 NAME	
STREET ADDRESS	<u>617 E CRISTAL LAKE DR</u>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<u>AVON PARK FL 33825</u>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Donovan 3-20-99 941-471-6898