

2000 UNIFORM BUSINESS REPORT (UBR)

2/1 11:00 AM

DOCUMENT # N25254

1. Entity Name

CRYSTAL LAKE CLUB HOMEOWNERS ASSOCIATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

02-19-2000 90016 019 ****61.25

Principal Place of Business C/O JOHN DONOVAN 3084 S COUNTRY CLUB DR AVON PARK FL 33825	Mailing Address C/O JOHN DONOVAN 3084 S COUNTRY CLUB DR AVON PARK FL 33825-6381 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O JOSEPH A. PIRO Suite, Apt. #, etc. 3128 S. COUNTRY CLUB DR City & State AVON PARK FL 33825 Zip 33825 Country HIGHLANDS	3. Mailing Address C/O JOSEPH A. PIRO Suite, Apt. #, etc. 3128 S. COUNTRY CLUB DR City & State AVON PARK FL 33825 Zip 33825 Country HIGHLANDS
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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DONOVAN, JOHN
3084 S COUNTRY CLUB DR
AVON PARK FL 33825

7. Name and Address of New Registered Agent
Name
JOSEPH A. PIRO - TREASURER
Street Address (P.O. Box Number is Not Acceptable)
3128 S. COUNTRY CLUB DR
City
AVON PARK FL Zip Code
33825

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.

SIGNATURE Joseph A Piro
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUSTAFSON, DAVID 2917 S COUNTRY CLUB DR AVON PARK FL 33825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYER, MARY 3058 S COUNTRY CLUB DR AVON PARK FL 33825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, GORDON 485 SE SNEAD CIR AVON PARK FL 33825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSSMANN, EDWIN 617 E. CRISTAL LAKE DR AVON PARK FL 33825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONOVAN, JOHN 3084 S COUNTRY CLUB DR AVON PARK FL 33825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCVEY, HOWARD 675 E MOCKINGBIRD LANE AVON PARK FL 33825 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY WOOLSEY 2921 S. COUNTRY CLUB DR AVON PARK, FL. 33825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. Piro - Treasurer
3/4/00 863-471-3358

Date

Daytime Phone #

JOSEPH A. PIRO - TREASURER

CR2E037 (9/99)