

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90247 032 \*\*\*\*61.25

**DOCUMENT # N25254**

1. Entity Name

**CRYSTAL LAKE CLUB HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

C/O ROGER FARVER  
3128 S COUNTRY CLUB DRIVE  
AVON PARK FL 33825

Mailing Address

C/O ROGER FARVER  
3128 S COUNTRY CLUB DRIVE  
AVON PARK FL 33825  
US

2. Principal Place of Business  
C/O ARLYN FISHER

3. Mailing Address  
C/O ARLYN FISHER

Suite, Apt. #, etc.  
3110 S FLAMINGO RD

Suite, Apt. #, etc.  
3110 S FLAMINGO RD

City & State  
AVON PARK, FL

City & State  
AVON PARK, FL

Zip Country  
33825 HIGHLANDS

Zip Country  
33825 HIGHLANDS



MOORE CR2E037 (11/03)

4. FEI Number  
NO-T APPLICABLE

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FARVER, ROGER  
3128 S COUNTRY CLUB DRIVE  
AVON PARK FL 33825

7. Name and Address of New Registered Agent

Name  
FISHER, ARLYN

Street Address (P.O. Box Number is Not Acceptable)  
3110 S FLAMINGO RD

City FL Zip Code  
AVON PARK 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Arlyn Fisher*

ARLYN FISHER, TREASURER

4/20/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 P  
NAME FISHER, ARLYN ☒ Delete  
STREET ADDRESS 3110 S FLAMINGO RD  
CITY-ST-ZIP AVON PARK FL 33825

TITLE D  
NAME SALINAS, RUFF ☒ Delete  
STREET ADDRESS 409 E PALMER CIRCLE  
CITY-ST-ZIP AVON PARK FL 33825

TITLE D  
NAME GARDINER, JUDY ☐ Delete  
STREET ADDRESS 473 NE SNEAD CIRCLE  
CITY-ST-ZIP AVON PARK FL 33825

TITLE D  
NAME BARAGA, VAL ☒ Delete  
STREET ADDRESS 2609 S CRYSTAL LAKE DR  
CITY-ST-ZIP AVON PARK FL 33825

TITLE D  
NAME AHLE, MYRON ☒ Delete  
STREET ADDRESS 2710 S FLAMINGO ROAD  
CITY-ST-ZIP AVON PARK FL 33825

TITLE D  
NAME WALZ, JOSEPH ☒ Delete  
STREET ADDRESS 3219 S ALLIGATOR ALLEY  
CITY-ST-ZIP AVON PARK FL 33825

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME ZEBIG, BOB  
STREET ADDRESS 2615 S NICKLAUS DR  
CITY-ST-ZIP AVON PARK, FL 33825

TITLE C ☒ Change ☐ Addition  
NAME KUBINEC, GEORGE  
STREET ADDRESS 705 E HOOK & SINKER CIRCLE  
CITY-ST-ZIP AVON PARK, FL 33825

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME SEGUIN, MARY ANN  
STREET ADDRESS 791 E NO SNOW CIRCLE  
CITY-ST-ZIP AVON PARK, FL 33825

TITLE D ☒ Change ☐ Addition  
NAME BLAIR, DON  
STREET ADDRESS 2684 S COUNTRY CLUB DR  
CITY-ST-ZIP AVON PARK, FL 33825

TITLE D ☒ Change ☐ Addition  
NAME EISENHauer, HANK  
STREET ADDRESS 830 E RIDLEY WAY  
CITY-ST-ZIP AVON PARK, FL 33825

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: *Arlyn Fisher* ARLYN FISHER, TREASURER

4/20/04

863-314-0401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment  
24057869

#1125254

11. (CONTINUED)

TITLE D  
NAME LITTLE, LARRY  
ADDRESS 2920 S COUNTRY CLUB DR  
CITY ST ZIP AVON PARK, FL 33825

TITLE D  
NAME MORIN, BOB  
ADDRESS 2689 S CRYSTAL LAKE DR  
CITY ST ZIP AVON PARK, FL 33825

TITLE V  
NAME CONNOLLY, BETTY  
ADDRESS 462 NE SNEAD CIRCLE  
~~CITY ST ZIP AVON PARK, FL 33825~~

TITLE V  
NAME SAMMONS, SHIRLEY  
ADDRESS 2747 S NICKLAUS  
CITY ST ZIP AVON PARK, FL 33825

TITLE S  
NAME ALHAND, ANN  
ADDRESS 470 E HOGAN CIRCLE  
CITY ST ZIP AVON PARK, FL 33825

TITLE T  
NAME FISHER, ARLYN  
ADDRESS 3110 S FLAMINGO RD  
CITY ST ZIP AVON PARK, FL 33825