

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90298 029 \*\*\*\*61.25

|   |                         |   |  |  |  |
|---|-------------------------|---|--|--|--|
| <b>DOCUMENT # N25254</b><br>1. Entity Name<br><b>CRYSTAL LAKE CLUB HOMEOWNERS ASSOCIATION, INC.</b>   |                         |   |  |  |  |
| Principal Place of Business<br><b>C/O ARLYN FISHER<br/>3110 S FLAMINGO RD<br/>AVON PARK, FL 33825</b>   |                         |   | Mailing Address<br><b>C/O ARLYN FISHER<br/>3110 S FLAMINGO RD<br/>AVON PARK, FL 33825 US</b>                     |  |  |
| 2. Principal Place of Business  |                         | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |                         | Suite, Apt. #, etc.   |  |  |  |
| City & State  |                         | City & State  |  |  |  |
| Zip   | Country                 | Zip   | Country  |  |  |
| 4. FEI Number<br><b>NOT APPLICABLE</b>  |                         |   |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                         |   |  | <b>\$8.75</b> Additional Fee Required                  |  |
| 6. Name and Address of Current Registered Agent   |                         |   | 7. Name and Address of New Registered Agent  |  |  |
| <b>FISHER, ARLYN<br/>3110 S FLAMINGO RD<br/>AVON PARK, FL 33825</b>   |                         |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |  |  |
|   |                         |   | <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                         |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees                     |  |
|   |                         | Make check payable to<br><b>Florida Department of State</b>                         |  |  |  |
| 10. OFFICERS AND DIRECTORS  |                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE   | P                       | <input type="checkbox"/> Delete   | TITLE  | V  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | ZEBIG, BOB              |   | NAME   | ETCHISON, TOM  |  |
| STREET ADDRESS  | 2615 S NICKLAUS DRIVE   |   | STREET ADDRESS   | 629 E. SUN KISSED CIRCLE                               |  |
| CITY-ST-ZIP   | AVON PARK, FL 33825     |   | CITY-ST-ZIP  | AVON PARK, FL 33825                                    |  |
| TITLE   | D                       | <input type="checkbox"/> Delete   | TITLE  | V  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | KUBINEC, GEORGE         |   | NAME   | DISTIN, SUSAN  |  |
| STREET ADDRESS  | 705 E HOOK & STNKER CIR |   | STREET ADDRESS   | 625 E. CRYSTAL LAKE DRIVE                              |  |
| CITY-ST-ZIP   | AVON PARK, FL 33825     |   | CITY-ST-ZIP  | AVON PARK, FL 33825                                    |  |
| TITLE   | D                       | <input checked="" type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | GARDINER, JUDY          |   | NAME   |  |  |
| STREET ADDRESS  | 473 NE SNEAD CIRCLE     |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | AVON PARK, FL 33825     |   | CITY-ST-ZIP  |  |  |
| TITLE   | D                       | <input type="checkbox"/> Delete   | TITLE  | D  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | SECUIN, MARY ANN        |   | NAME   | MUSSMANN, ED   |  |
| STREET ADDRESS  | 791 E NO SNOW CIR       |   | STREET ADDRESS   | 617 E. CRYSTAL LAKE DRIVE                              |  |
| CITY-ST-ZIP   | AVON PARK, FL 33825     |   | CITY-ST-ZIP  | AVON PARK, FL 33825                                    |  |
| TITLE   | D                       | <input checked="" type="checkbox"/> Delete  | TITLE  | D  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | BLAIR, DON              |   | NAME   | MC VEY, HOWARD   |  |
| STREET ADDRESS  | 2684 S COUNTRY CLUB DR  |   | STREET ADDRESS   | 675 E. MOCKINGBIRD LANE                                |  |
| CITY-ST-ZIP   | AVON PARK, FL 33825     |   | CITY-ST-ZIP  | AVON PARK, FL 33825                                    |  |
| TITLE   | D                       | <input type="checkbox"/> Delete   | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | EISENHauer, HANK        |   | NAME   |  |  |
| STREET ADDRESS  | 830 E RIDLEY WAY        |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | AVON PARK, FL 33825     |   | CITY-ST-ZIP  |  |  |
| 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. |                         |   |  |  |  |
| <b>SIGNATURE:</b> <i>Arlyn Fisher</i>   |                         |   | Arlyn Fisher - Treasurer   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                         |   | 04/27/05   |  |  |
|   |                         |   | 863-314-0401   |  |  |
|   |                         |   | <small>Date Daytime Phone #</small>  |  |  |

**ATTACHMENT**

14011723

#125254

**BLOCK 10 ADDITIONS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**S  
Alhand, Ann  
470 E. Hogan Circle  
Avon Park, FL 33825**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**T  
Fisher, Arlyn  
3110 So. Flamingo Rd.  
Avon Park, FL 33825**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**D  
Little, Larry  
2920 So. Country Club Drive  
Avon Park, FL 33825**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**D  
Morin, Bob  
2689 So. Crystal Lake Drive  
Avon Park, FL 33825**