


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90333 022 ****61.25

DOCUMENT # N25254	
1. Entity Name CRYSTAL LAKE CLUB HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business C/O ALMER M ALLEN 465 SE SNEAD CIRCLE AVON PARK, FL 33825	Mailing Address C/O ALMER M ALLEN 465 SE SNEAD CIRCLE AVON PARK, FL 33825 US
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2. Principal Place of Business - No P.O. Box # 531 E. Crystal Lake Dr.	3. Mailing Address 531 E. Crystal Lake Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Avon Park, FL	City & State Avon Park, FL
Zip 33825	Zip 33825
Country	Country USA

400641~



04022007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALLEN, ALMA M 465 SE SNEAD CIRCLE AVON PARK, FL 33825	
7. Name and Address of New Registered Agent Name Waltz, Alma M. Street Address (P.O. Box Number is Not Acceptable) 531 E. Crystal Lake 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Alma M. Waltz, Treasurer Alma M. Waltz 4-12-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ETCHISON, TOM 629 E SUN KISSED CIRCLE AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bruce Lydy 3254 S. Wood Stork Cir. Avon Park, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANDSEADEL, RON 2823 S COUNTRY CLUB DR AVON PARK, FL 33825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Janice Wells 2629 S. Country Club Dr. Avon Park, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTIN, BOB 2689 S CRYSTAL LAKE DR AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sharon Gerdes 742 No Snow Cir. Avon Park, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SECUIN, MARY ANN 791 E NO SNOW CIR AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Don Webb 2812 S. Country Club Dr. Avon Park, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DISTIN, SUSAN 625 E. CRYSTAL LAKE DR AVON PARK, FL 33825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ernie Kimball 3105 S. Country Club Dr. Avon Park, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISENHAUER, HANK 830 E RIDLEY WAY AVON PARK, FL 33825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John McColgan 2645 S. Country Club Dr. Avon Park, FL 33825

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas L. [Signature] 4-12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #