

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90120 009 ****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



2. Principal Place of Business - No P.O. Box #

531 E. Crystal Lake DR

Suite, Apt. #, etc.

3. Mailing Address

531 E. Crystal Lake DR

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

AVON PARK, FL

Zip

33825

Country

City & State

AVON PARK, FL

Zip

33825

Country

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

WALZ, ALMA M
531 E. CRYSTAL LAKE DRIVE
AVON PARK FL 33825

7. Name and Address of New Registered Agent

Name

THO ETCHISON, THOMAS L.

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

THOMAS L. ETCHISON

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

THOMAS L. ETCHISON

(NOTE: Registered Agent signature required when re-registering)

4-08-08

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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 ETCHISON, TOM ☒ Delete
STREET ADDRESS 629 E SUN KISSED CIRCLE
CITY-ST-ZIP AVON PARK FL 33825

TITLE V
NAME WELLS, JANICE ☒ Delete
STREET ADDRESS 2629 S. COUNTRY CLUB DRIVE
CITY-ST-ZIP AVON PARK FL 33825

TITLE D
NAME MOTIN, BOB ☐ Delete
STREET ADDRESS 2689 S CRYSTAL LAKE DR
CITY-ST-ZIP AVON PARK FL 33825

TITLE D
NAME SEQUIN, MARY ANN ☐ Delete
STREET ADDRESS 791 E NO SNOW CIR
CITY-ST-ZIP AVON PARK FL 33825

TITLE V
NAME LYDY, BRUCE ☐ Delete
STREET ADDRESS 3254 S. WOOD STOCK CIRCLE
CITY-ST-ZIP AVON PARK FL 33825

TITLE S
NAME GERDES, SHARON ☐ Delete
STREET ADDRESS 742 N. SNOW CIRCLE
CITY-ST-ZIP AVON PARK FL 33825

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME RICHARD MARTIN ☐ Change ☒ Addition
STREET ADDRESS 417 E. TREVINO CIRCLE
CITY-ST-ZIP AVON PARK, FL 33825

TITLE V
NAME Roger Godin ☐ Change ☒ Addition
STREET ADDRESS 2871 S. CRYSTAL LAKE DR.
CITY-ST-ZIP AVON PARK, FL 33825

TITLE D
NAME Pete Rahl ☐ Change ☒ Addition
STREET ADDRESS 476 E. TREVINO CIRCLE
CITY-ST-ZIP AVON PARK, FL 33825

TITLE D
NAME John MacColgan ☐ Change ☒ Addition
STREET ADDRESS 2645 S. Country Club DR
CITY-ST-ZIP AVON PARK, FL 33825

TITLE D
NAME Dick Ewell ☐ Change ☒ Addition
STREET ADDRESS 405 N. SNEAD
CITY-ST-ZIP AVON PARK, FL 33825

TITLE D
NAME ERNEST Kimball ☐ Change ☒ Addition
STREET ADDRESS 3105 S. Country Club DR.
CITY-ST-ZIP AVON PARK, FL 33825

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

RICHARD MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08