

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N25254

Entity Name: CRYSTAL LAKE CLUB HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

531 E CRYSTAL LAKE DR
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

531 E CRYSTAL LAKE DR
AVON PARK, FL 33825 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ETCHISON, THOMAS L
531 E. CRYSTAL LAKE DRIVE
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTIN, RICHARD
Address: 417 E TRAVINO CIRCLE
City-St-Zip: AVON PARK, FL 33825

Title: V () Delete
Name: GODIN, ROGER
Address: 2871 S CRYSTAL LAKE DR
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: MOTIN, BOB
Address: 2689 S CRYSTAL LAKE DR
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: SECUIN, MARY ANN
Address: 791 E NO SNOW CIR
City-St-Zip: AVON PARK, FL 33825

Title: V () Delete
Name: LYDY, BRUCE
Address: 3254 S. WOOD STOCK CIRCLE
City-St-Zip: AVON PARK, FL 33825

Title: S () Delete
Name: GERDES, SHARON
Address: 742 N. SNOW CIRCLE
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L. ETCHISON

TREA

01/26/2009

Electronic Signature of Signing Officer or Director

Date