


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N25631
 1. Entity Name
THE CRYSTAL CLUB, INC.



Principal Place of Business Mailing Address
964 CRYSTAL GLEN BLVD. **P.O. BOX 15**
LECANTO, FL 34461 US **LECANTO, FL 34460 US**

DO NOT WRITE IN THIS SPACE



04082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2929758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JARRETT, RAE D
1371 S BROOKFIELD DR.
LECANTO, FL 34461

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JARRETT, RAE D 1371 S BROOKFIELD DR. LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELL, NANCY 1088 S.SOFTWINAL LOOP LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUTHRIDGE, BARB 1015 S BROOKFIELD DR. LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALAZKA, EILEEN 1131 S SOFTWIND LOOP LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/23/08-80062-007 61.25

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: *Rae D. Jarrett* **Rae D. Jarrett** **4-10-08** **352-270-3134**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #