

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26598

FILED  
May 16, 2008  
Secretary of State

**Entity Name:** CRYSTAL RIDGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

367 CRYSTAL RIDGE WAY  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

367 CRYSTAL RIDGE WAY  
LAKE MARY, FL 32746 US

**New Mailing Address:**

**FEI Number:** 59-2901648      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BOWMAN, JEFFREY R TREASUR  
367 CRYSTAL RIDGE WAY  
LAKE MARY, FL 32746 US

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: S ( ) Delete  
Name: AMICK, PAMELA  
Address: 365 CRYSTAL RIDGE WAY  
City-St-Zip: LAKE MARY, FL 32746

Title: V ( ) Delete  
Name: BELLE, ANNE  
Address: 366 CRYSTAL RIDGE WAY  
City-St-Zip: LAKE MARY, FL 32746

Title: T ( ) Delete  
Name: BOWMAN, JEFF  
Address: 367 CRYSTAL RIDGE WAY  
City-St-Zip: LAKE MARY, FL 32746

Title: P (X) Delete  
Name: LAFAYETTE, LETITIA  
Address: 108 WEST FREDERICK AVENUE  
City-St-Zip: LAKE MARY, FL 32746

**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  
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: JEFF BOWMAN

T

05/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date