

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

1996 6-13-96

B-6870-C

DOCUMENT # N27438 (3)

1. Corporation Name

CRYSTAL HILLS MINI FARMS UNIT 1 & 2 ASSOC., INC.

Principal Place of Business

P.O. BOX 1514
HERNANDO FL 34442
US

Mailing Address

P O BOX 1514
HERNANDO FL 34442
US



3. Date Incorporated or Qualified
07/14/1988

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTRO, HECTOR, M (REV)
626 E BENJAMIN ST
HERNANDO FL 34442

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME CASTRO, HECTOR, M (REV)
STREET ADDRESS 626 E BENJAMIN ST
CITY - ST - ZIP HERNANDO FL

TITLE SD ☒ DELETE

NAME MCGOWAN, LILLIAN
STREET ADDRESS 730 NICHOLAS
CITY - ST - ZIP HERNANDO FL

TITLE TD ☒ DELETE

NAME MUSCOTT, LORNA
STREET ADDRESS 410 E SHAWNA CT
CITY - ST - ZIP HERNANDO FL

TITLE D ☐ DELETE

NAME STRAIN, JERRY
STREET ADDRESS 295 E. BENJAMIN ST.
CITY - ST - ZIP HERNANDO FL

TITLE D ☒ DELETE

NAME FOLEY, JAMES R.
STREET ADDRESS 3139 N. ANTHONY AVE.
CITY - ST - ZIP HERNANDO FL

TITLE VPD ☐ DELETE

NAME MUSCOTT, TERRIE
STREET ADDRESS 410 E. SHAWNA CT.
CITY - ST - ZIP HERNANDO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

SD JILL JENKINS
PO BOX 1237
HERNANDO, FL 34442

TD Joyce FERRARA
225 E. SHAWNA CT.
HERNANDO, FL 34442

D JIMMY TOWNSEND
372 E. JOSHUA CT.
HERNANDO, FL 34442

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Rev. Hector M. Castro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96 (352) 746-1420

Date Daytime Phone #

CR2E037 (12/95)