

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27438** (3)
1. Corporation Name
CRYSTAL HILLS MINI FARMS UNIT 1 & 2 ASSOC., INC.



Principal Place of Business	Mailing Address
P.O. BOX 1514 HERNANDO FL 34442 US	P O BOX 1514 HERNANDO FL 34442 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 07/14/1988	3a. Date of Last Report 06/13/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CASTRO, HECTOR, M (REV)	
STREET ADDRESS	626 E BENJAMIN ST	
CITY-ST-ZIP	HERNANDO FL	
TITLE	VP VPD	<input type="checkbox"/> DELETE
NAME	JILL JENKINS	
STREET ADDRESS	335 E. JINNITA ST. 335 E. JINNITA ST.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOYCE FERRARA	
STREET ADDRESS	225 E. SHAWNA CT.	
CITY-ST-ZIP	HERNANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STRAIN, JERRY	
STREET ADDRESS	295 E. BENJAMIN ST.	
CITY-ST-ZIP	HERNANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JIMMY TOWNSEND	
STREET ADDRESS	372 E. JOSHUA CT.	
CITY-ST-ZIP	HERNANDO FL	
TITLE	D D	<input type="checkbox"/> DELETE
NAME	MUSCOTT, TERRIE	
STREET ADDRESS	410 E. SHAWNA CT.	
CITY-ST-ZIP	HERNANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TRASURER T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STAN SHYER	
1.3 STREET ADDRESS	26 E BENJAMIN ST	
1.4 CITY-ST-ZIP	HERNANDO, FL 34442	
2.1 TITLE	XXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RUDDOLPH LOPEZ	
3.3 STREET ADDRESS	768 E. JINNITA ST.	
3.4 CITY-ST-ZIP	HERNANDO, FL 34442	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ARTHUR HELLER	
4.3 STREET ADDRESS	595 E JINNITA ST.	
4.4 CITY-ST-ZIP	HERNANDO, FL 34442	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DANIEL ANDERSON	
5.3 STREET ADDRESS	560 E. PILAR ST.	
5.4 CITY-ST-ZIP	HERNANDO, FL 34442	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JULIE METZ	
6.3 STREET ADDRESS	224 E. NICHOLAS ST.	
6.4 CITY-ST-ZIP	HERNANDO, FL 34442	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE REQUIRED

STAN SHYER 26 E BENJAMIN ST 34442

CR2E037 (4/97)