


FILE NOW: FILING FEE IS \$61.25

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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 P.O. BOX 1514 HERNANDO FL 34442 US	Mailing Address P O BOX 1514 HERNANDO FL 34442 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/14/1988	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	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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 Stanley Shyer 82 Street Address (P.O. Box Number is Not Acceptable) 26 E. BENJAMIN ST 83 HERNANDO, FL. 34442 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  (NOTE: Registered Agent signature required when reinstating) DATE **3/22/98**

12. OFFICERS AND DIRECTORS	
TITLE	PD CASTRO, HECTOR, M (REV) <input checked="" type="checkbox"/> DELETE
NAME	626 E BENJAMIN ST
STREET ADDRESS	HERNANDO FL
CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE
NAME	JILL JENKINS
STREET ADDRESS	335 E. JNNITA ST
CITY-ST-ZIP	HERNANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JOYCE FERRARA
STREET ADDRESS	225 E. SHAWNA CT.
CITY-ST-ZIP	HERNANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LOPEZ, RUDOLFH
STREET ADDRESS	595 E. JNNITA ST.
CITY-ST-ZIP	HERNANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ANDERSON, DANIEL
STREET ADDRESS	560 E. PILATL ST.
CITY-ST-ZIP	HERNANDO FL
TITLE	D <input checked="" 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	PD STANLEY SHYER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	26 E BENJAMIN ST
1.3 STREET ADDRESS	HERNANDO, FL 34442
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:  DATE **3/22/98**

CR2E037 (10/97)