FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N27438

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

Principal Place of Busin
P.O. BOX 1514
HERNANDO FL 34442
US

21

22

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

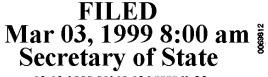
P O BOX 1514 HERNANDO FL 34442

2a. Mailing Address

City & State

Suite, Apt, #, etc.

26



03-03-1999 90108 036 ****61.25



3. Date incorporated or Qualifed

NOT APPLICABLE

5. Certificate of Status Desired

07/14/1988

4. FEI Number

3		[28]							<u>''</u>
Zip	Country	Zip		Country		6. Election Campaign Financing		\$5.00	•
4	25	29	30	<u></u>		Trust Fund Contribution		Added to	Fees
Name and Address of Current Registered Agent						10. Name and Address of New	Registered /	Agent	
				81	Name				
SHYER, STANLEY					Street Add	dress (P.O. Box Number is Not Accept	able)		<u></u>
26 E BENJAMIN ST						·			<u> </u>
	O FL 34442			83					
, , , , , , , , , , , , , , , , , , , ,				84	City			85 Zip C	ode
	4.54				1		FL_		
office or re agent. I a	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such cha	inge was auth	onzed by	the corporal	poration submits this statement for the tion's board of directors. I hereby acce	purpose of pt the appoin	changing its interest in the changing its interest as reg	registered istered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Re	gistered Ager	nt signature requi	red when reinstating)	DATE		
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PD		DELETE	1.1 TITLE				Change	Addition Addition
NAME	SHYER, STANLEY		1.2 NAME						
STREET ADDRESS	26 E BENJAMIN ST			1.3 STREET	FADDRESS				
CITY-ST-ZIP	HERNANDO FL 34442			1.4 CITY-S	T-21P				
TITLE	VPD	Ŋ.	DELETE	2.1 TITLE		VPD		Change	☐ Addition
NAME	JILL JENKINS	,,		2.2 NAME		ARTHUR HELLER			
STREET ADORESS	335 E. JINNITA ST			2.3 STREET	TADDRESS	595 E JINNITA ST HERNANDO, FL	•	_	
CITY-ST-ZIP	HERNANDO FL			2. 4 CITY-S	ST-ZIP	HERNANDO, FL	34442		
TITLE	D		DELETE	3.1 TITLE		, -		Change	☐ Addition
NAME	JOYCE FERRARA			3.2 NAME					
STREET ADDRESS	225 E. SHAWNA CT.			3.3 STREET	T ADDRESS				
CITY-ST-ZIP	HERNANDO FL			3.4. CITY-5	ST-ZIP				
TITLE	D		DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME	LOPEZ, RUDOLFH			4. 2 NAME					
STREET ADDRESS	595 E. JINNITA ST.			4.3 STREE	T ADDRESS				
CITY-ST-ZIP	HERNANDO FL			4.4 CITY-S	T-ZIP				
TITLE	D		DELETE	5.1 TITLE				Change	Addition
NAME	ANDERSON, DANIEL			5.2 NAME	[
STREET ADDRESS	560 E. PILATL ST.			5.3 STREET	TADDRESS				•
CITY-ST-ZIP	HERNANDO FL			5.4 CITY-S	T-ZIP				
TITLE	1		DELETE	6.1 TITLE				Change	Addition
NAME '				6.2 NAME				_	
STREET ADDRESS				6.3 STREE	TADDRESS				
CITY-ST-ZIP				6.4 CITY-S					
14. I hereby o	certify that the information supplied with on this annual report or supplemental a	this filing does no	t qualify for th	e exempt	ion stated in	Section 119.07(3)(i), Florida Statutes.	I further cer	ify that the in	formation

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, with all other like empowered.

SIGNATURE: _

Applied For

\$8.75 Additional

Not Applicable