FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:01

DOCUMENT # N27510 (9)

1. Corporation Name
CRYSTAL LAKES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% ADVANCED MANAGEMENT OF SOUTHWEST FLORIDA 5899 WHITEFIELD AVE. STE. 107 SARASOTA FL 34243 US	% ADVANCED MANAGEMENT OF SOUTHWEST FLORIDA 5899 WHITEFIELD AVE. STE. 107 SARASOTA FL 34243 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1988
3a. Date of Last Report: 04/21/1994
4. FEI Number: 65-0142736 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22: 5899 WHITFIELD AVE #107	Suite, Apt. #, etc. 27: 5899 WHITFIELD AVE #107
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ADVANCED MGMT OF SW FL INC
5899 WHITFIELD AVE, STE 107
SARASOTA FL 34243

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	YUNGER, CAROL	1.2 NAME	SHUFORD, RAY	
STREET ADDRESS	3565 CRYSTAL LAKES CT	1.3 STREET ADDRESS	3391 CRYSTAL LAKES COURT	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	ALBERS, BRAD	2.2 NAME	LUTINSKI, LEONARD	
STREET ADDRESS	3219 CRYSTAL LAKES CT	2.3 STREET ADDRESS	3366 CRYSTAL LAKES COURT	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	LUTINSKI, LEONARD	3.2 NAME	DUNTLEY, ROBERT	
STREET ADDRESS	3366 CRYSTAL LAKES CT	3.3 STREET ADDRESS	3651 CRYSTAL LAKES COURT	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	GOODING, KEVIN	4.2 NAME	SILEO, CHRIS	
STREET ADDRESS	3432 CRYSTAL LAKES CT	4.3 STREET ADDRESS	3452 CRYSTAL LAKES COURT	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HASHEY, EDWARD	5.2 NAME	CHECK, JACK	
STREET ADDRESS	3141 CRYSTAL LAKES CT	5.3 STREET ADDRESS	3140 CRYSTAL LAKES COURT	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: _____ 2-27-95 351-4269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LEONARD LUTINSKI

0018032