

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N27510** (9)

1. Corporation Name

CRYSTAL LAKES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% ADVANCED MANAGEMENT OF SOUTHWEST FLORIDA
5899 WHITFIELD AVE #107
SARASOTA FL 34243
US

% ADVANCED MANAGEMENT OF SOUTHWEST FLORIDA
5899 WHITFIELD AVE #107
SARASOTA FL 34243
US

3. Date Incorporated or Qualified
07/19/1988

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0142736

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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
NAME SHUFORD, RAY
STREET ADDRESS 3391 CRYSTAL LAKES CT
CITY-ST-ZIP SARASOTA FL ☐ DELETE

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

SD

☒ Change ☐ Addition

TITLE VPD
NAME LUTINSKI, LEONARD
STREET ADDRESS 3366 CRYSTAL LAKES CT
CITY-ST-ZIP SARASOTA FL ☒ DELETE

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

TD

SORCE, SAM
3654 CRYSTAL LAKES CT.
SARASOTA, FL 34235

☐ Change ☒ Addition

TITLE TD
NAME DUNTLEY, ROBERT
STREET ADDRESS 3651 CRYSTAL LAKES CT
CITY-ST-ZIP SARASOTA FL ☒ DELETE

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

VD

STRAZA, TOM
3597 CRYSTAL LAKES CT
SARASOTA, FL 34235

☐ Change ☒ Addition

TITLE SD
NAME SILEO, CHRIS
STREET ADDRESS 3452 CRYSTAL LAKES CT
CITY-ST-ZIP SARASOTA FL ☐ DELETE

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

PD

☒ Change ☐ Addition

TITLE D
NAME CHECK, JACK
STREET ADDRESS 3140 CRYSTAL LAKES CT
CITY-ST-ZIP SARASOTA FL ☒ DELETE

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

D

AURICE, GARY
3543 CRYSTAL LAKES CT
SARASOTA, FL 34235

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

☐ Change ☐ Addition

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: *Samuel J. Jara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

Date

(841) 351-6279

Daytime Phone #

CR2E037 (12/95)