

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
Sep 02 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 # N27510 (9)
1. Corporation Name CRYSTAL LAKES ASSOCIATION, INC.

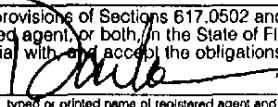


Principal Place of Business C/O DIANE ROYSE ENTERPRISES, INC. 4840 SUNDAY CT. SARASOTA FL 34235 US	Mailing Address C/O DIANE ROYSE ENTERPRISES, INC. 4840 SUNDAY CT. SARASOTA FL 34235 US
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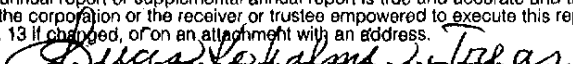
2. Principal Place of Business 21 4848 Proctor Road Suite, Apt. #, etc.	2a. Mailing Address 28 2848 Proctor Road Suite, Apt. #, etc.
City & State 23 Sarasota, FL Zip Country 24 34231 25 U.S.A.	City & State 28 Sarasota, FL Zip Country 29 34231 30 U.S.A.

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 07/19/1988	3a. Date of Last Report 04/22/1996
4. FEI Number 65-0142736	Applied For <input type="checkbox"/> 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 SILEO, CHRIS 3452 CRYSTAL LAKES CT. SARASOTA FL 34235	
81 Name Miller Management Services, Inc.	82 Street Address (P.O. Box Number is Not Acceptable) 2848 Proctor Road
83	
84 City Sarasota	85 Zip Code FL 34231

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 	DATE 8/22/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHUFORD, RAY		1.2 NAME Jean Hashey	
STREET ADDRESS 3391 CRYSTAL LAKES CT		1.3 STREET ADDRESS 3141 Crystal Lakes Court	
CITY-ST-ZIP SARASOTA FL 34235		1.4 CITY-ST-ZIP Sarasota, FL 34235	
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SORCE, SAM		2.2 NAME Jim McCarville	
STREET ADDRESS 3654 CRYSTAL LAKES CT		2.3 STREET ADDRESS 3284 Crystal Lakes Court	
CITY-ST-ZIP SARASOTA FL 34235		2.4 CITY-ST-ZIP Sarasota, FL 34235	
TITLE VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STRAZA, TOM		3.2 NAME Bill Majerus	
STREET ADDRESS 3597 CRYSTAL LAKES CT		3.3 STREET ADDRESS 3522 Crystal Lakes Court	
CITY-ST-ZIP SARASOTA FL 34235		3.4 CITY-ST-ZIP Sarasota, FL 34235	
TITLE PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SILEO, CHRIS		4.2 NAME Lucia Kohalmi	
STREET ADDRESS 3452 CRYSTAL LAKES CT		4.3 STREET ADDRESS 3267 Crystal Lakes Court	
CITY-ST-ZIP SARASOTA FL 34235		4.4 CITY-ST-ZIP Sarasota, FL 34235	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BURKE, GARY		5.2 NAME Kim Williams	
STREET ADDRESS 3543 CRYSTAL LAKES CT		5.3 STREET ADDRESS 3610 Crystal Lakes Court	
CITY-ST-ZIP SARASOTA FL 34235		5.4 CITY-ST-ZIP Sarasota, FL 34235	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 

CP2E037 (4/97)

8/22/97 091 923 58V