

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N27510**

1. Entity Name

CRYSTAL LAKES ASSOCIATION, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90025 050 ****61.25

Principal Place of Business

2831 RINGLING BLVD.
SUITE 215E
SARASOTA FL 34237
US

Mailing Address

2831 RINGLING BLVD.
SUITE 215E
SARASOTA FL 34237-5353
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0142736

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANASOTA MANAGEMENT SERVICES, INC.
2831 RINGLING BLVD.
SUITE 215E
SARASOTA FL 34237

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	SD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MAJERUS, BILL	3522 CRYSTAL LAKES CT	SARASOTA FL						
	TD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	KOHALMI, LUCIA	3267 CRYSTAL LAKES CT	SARASOTA FL						
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WILLIAMS, KIM	3610 CRYSTAL LAKES CT	SARASOTA FL						
	D			<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	BOTTINI, GEORGE	3543 CRYSTAL LKS CT	SARASOTA FL			OIGA FERNANDEZ	3596 CRYSTAL LAKES CT	SARASOTA FL	
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WEBSTER, HENRY	3391 CRYSTAL LKS CT	SARASOTA FL						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LUCIA KOHALMI 1/16/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #