

2001 UNIFORM BUSINESS REPORT (UBR)

5/5/

FILED
May 29, 2001 8:00 am
Secretary of State

05-05-2001 90817 030 ****61.25

DOCUMENT # N27510

1. Entity Name

CRYSTAL LAKES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2831 RINGLING BLVD.
SUITE 215E
SARASOTA FL 34237
US

2831 RINGLING BLVD.
SUITE 215E
SARASOTA FL 34237
US

2. Principal Place of Business

3. Mailing Address

748 So. Tamiami Tr.
Suite, Apt. #, etc.

P.O. Box 914
Suite, Apt. #, etc.

City & State

City & State

OSPREY FL.

OSPREY FL.

Zip

Country

Zip

Country

34229 SARASOTA

34229

SARASOTA

6. Name and Address of Current Registered Agent

4. FEI Number

65-0142736

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

MANASOTA MANAGEMENT

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

748 So. Tamiami Tr.

City

OSPREY

FL

Zip Code

34229

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	MAJERUS, BILL	
STREET ADDRESS	3522 CRYSTAL LAKES CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KOHALMI, LUCIA	
STREET ADDRESS	3267 CRYSTAL LAKES CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, KIM	
STREET ADDRESS	3610 CRYSTAL LAKES CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, OLGA	
STREET ADDRESS	3598 CRYSTAL LAKES COURT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBSTER, HENRY	
STREET ADDRESS	3391 CRYSTAL LKS CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY D. MARTINO	
STREET ADDRESS	3543 CRYSTAL LAKES CT.	
CITY-ST-ZIP	SARASOTA FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 (FEDUCIA KOHALMI)

Date

4/10/01

Daytime Phone #

CR2E037 (10/00)