

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90451 046 ****61.25

DOCUMENT # *N 27510*

1. Entity Name
CRYSTAL LAKES ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2831 Ringling Blvd

3. Mailing Address

Suite, Apt. #, etc.

218 F

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

City & State

4. FEI Number

65042736

Applied For

Not Applicable

Zip

34237

Country

FLORIDA

Zip

34237

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ALL FLORIDA SERVICES, INC

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

2831 Ringling Blvd 218F

City

SARASOTA

FL

Zip Code

34237

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

Gerald Bishop **GERALD Bishop**

4/23/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PR
Ed HASHEY
2831 Ringling Blvd 218F
SARASOTA FL 34237

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SKY
BILL MAJERUS
2831 Ringling Blvd 218F
SARASOTA FL 34237

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TREP
LUCIA KOHOLMI
2831 Ringling Blvd 218F
SARASOTA FL 34237

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AL
ALISON GUESS
2831 Ringling Blvd 218F
SARASOTA FL 34237

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

M
MARY MARTINO
2831 Ringling Blvd 218F
SARASOTA FL 34237

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bill Majerus **BILL MAJERUS**

4/23/02

941 366 7466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)