


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90375 035 ****61.25

DOCUMENT # N27510 1. Entity Name CRYSTAL LAKES ASSOCIATION, INC.					
Principal Place of Business 2831 RINGLING BLVD 218 F SARASOTA, FL 34237 US			Mailing Address 2831 RINGLING BLVD 218 F SARASOTA, FL 34237 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0142736	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALL FLORIDA SERVICES, INC 2831 RINGLING BLVD 218 F SARASOTA, FL 34237				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAJERUS, BILL		NAME		
STREET ADDRESS	2831 RINGLING BLVD 218 F		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34237		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHOLMI, LUCIA		NAME		
STREET ADDRESS	2831 RINGLING BLVD 218 F		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34237		CITY - ST - ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASHEY, ED		NAME		
STREET ADDRESS	2831 RINGLING BLVD 218 F		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34237		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUESS, ALLISON		NAME		
STREET ADDRESS	2831 RINGLING BLVD 218 F		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34237		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	ID - [unclear]	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <u>Bill Majerus</u> 4/15/05 <u>BILL MAJERUS</u> 941 366 7466 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					