FILE NOW: FILING FEE IS \$61.25

NONPROFIT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED Apr 13 1998 8:00am

ANNU	CORPORATION ANNUAL REPORT 1998		Sendre B. Mortham Secretary of State DIVISION OF CORPORATIONS			Secretary of State						
DOCUI 1. Corporation	MENT :	# N2835	7	(4)								
		of Crystal Rive	R-KINGS);							
Principal Plac	e of Business		Mailing	Address				r dobillar and hidar falled hildi ohi	14 1 904 (1404) (01	AN DIBN GADA G	HEN BISH HEDL	
P.O BOX 27 CRYSTAL RIVER FL 34423-0027 US			P.O BOX 27 CRYSTAL RIVER FL 34423 US					3. Date Incorporated or Qualifier 09/01/1988 4. FEI Number	d	 	pplied For	
2. Principal P	lace of Busine	55	2a. Mail	ing Address				59-2918952 5. Certificate of Status Desired	⊠′	 _	Additional	
21 Suite Ant	# 610	· — — — — — — — — — — — — — — — — — — —	26 Suite April 4 pie						<u> </u>	Fee R	leguired	
Suite, Apt.	W, BIC.		Suite, Apt. #, etc.				{	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & State	е		City & State					7. Is this nonprofit corporation a homeowners association?				
23 Zip		Country	Zip		Country			8. This corporation owes or has	Yes	No Yeart year In	tortylble	
24	2	5	29		30			Personal Property Tax due Ju	ne 30[Yes 🔏	No No	
	9. Name a	nd Address of Current	Registered	Agent	81	Nomo		10. Name and Address of New I		Agent		
VIDORO III IF								BERT E GRAI				
1304 SE 3RD AVE.						Simeli 38	Addres	S (P.O. Box Number is Not Accept	able)			
CRYSTAL RIVER FL 33429						CR	757	TAL RIVER	FL. 3	442	8	
					84	City	<u></u>		EI	85 Zip	Code	
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 re- 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.											72/	
office or n agent. I a	egistered age m familiar with	nt, or both, in the State , and accept the obliga	of Florida. Su tions of, Sec	uch change was : tion 617.0503, Fi	authorized by orida Statute:	the corp	poration	's board of directors. I hereby acc	ept the app	ointment as	s registered	
SIGNATURE	OKO	but E Suon printed name of registered agen	gh		E: Registered Age				J- 2	98		
12.	Signature, typeo o	OFFICERS AND			13.	ni signature	required	ADDITIONS/CHANGES TO OFF		DIBECTO	RS IN 12	
TITLE	PD			DELETE	1.1 TITLE		D			Change	Addition	
NAME STREET ADDRESS		NS, JACK P. 14TH PLACE		8		1.2 NAME 1.3 STREET ADDRESS				-		
CITY-ST-ZIP		RIVER FL				T-ZIP					1	
TITLE	D			DELETE	2.1 TITLE	D	1/1	>		Change	Addition	
NAME	YERMAN,				2.2 NAME		LE	MANDEWSKI, Rus	sell			
STREET ADDRESS	I COURT	HOUSE SQUARE	i i			ADDRESS	74	1 N.COUNTRY CIO YSFAL RIVEN FL	6 Dr.	a	ŀ	
CITY-ST-ZIP TITLE	SD	314		DELETE	2.4 CITY-1	01 - ZIP	<u>P.</u>	73 MI ICIOEF FE	344 X	Change	Addition	
NAME	KIDDER,			3.2 6		.2 NAME				•	ĺ	
STREET ADDRESS	1304 SE				3.3 STREET						ļ	
CITY-ST-ZIP TITLE	TD TD	RIVER FL		DELETE	3.4, CITY - 5 4.1 TiTLE	ST-ZIP	-			Change	Addition	
NAME (MOCK,RO	BERT		Mark of Co. IC	4. 2 NAME		S NE	WMAN, TERUN	= 1	C. C.IANGO	SEC / 100 / 1011	
STREET ADDRESS		42ND AVE			4.3 STREET	address	12	WMAN, JEAHNEY, N. EGNET PO	DINT	. 0	ĺ	
CITY-ST-ZIP	OCALA F	L 34470		The eve	4.4 CITY - S	T-ZIP	cn	Istal RIVER, Fl	34	427		
TITLE NAME	D	R, ROBERT		☐ DELETE	5.1 TITLE 5.2 NAME		PD	,		Change	Addition	
STREET ADDRESS		TIMICUA PT.			5.2 NAME 5.3 STREET	ADDRESS	1				}	
CITY-S1-ZIP		RIVER FL			5.4 CITY - S		<u> </u>					
TITLE	D	oconor		DELETE	6.1 TITLE		P), e. = 41-		Change	Addition	
NAME	P.O.BOX	, GEORGE			6.2 NAME	ADD-DCC-	16	WE, MARK	n Da	Art	į	
STREET ADDRESS CITY+ST-ZIP		RIVER FL 34423			6.3 STREET 6.4 CITY - S		10	DWE, MARK 5 S. WEST BEN ECANTO, FL 3	4411	€¥1	}	
14. I hereby c	ertify that the	information supplied wit	h this filing o	does not qualify for	or the exemp	tion state	ed in Se	ction 119.07(3)(if. Florida Statutes	. I further ce	ertify that the	e information	
officer or o	14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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.											