

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N29560 (2)**

1. Corporation Name

**CRYSTAL-HOMESITES CIVIC ASSOCIATION INC.**



Principal Place of Business

Mailing Address

1093 S.E. 59TH ST., RT. 3  
C/O JOHNNY MONTGOMERY  
STARKE FL 32091

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C/O JOHNNY MONTGOMERY  
STARKE FL 32091

3. Date Incorporated or Qualified **12/06/1988** 3a. Date of Last Report **02/09/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-2413932</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
						<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Zip	6.	Election Campaign Financing	
					Trust Fund Contribution	<input type="checkbox"/>
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

MONTGOMERY, JOHNNY  
1093 S.E. 59TH ST., RT. 3  
STARKE FL 32091

*JOHNNIE*

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
	State <b>FL</b>
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 registered 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 617.0903, Florida Statutes.

SIGNATURE: *Johnnie H. Montgomery* DATE: **1-24-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DVST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, CLYDE</b>	1.2 NAME	
STREET ADDRESS	<b>105 E. 44TH ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARLES, NABWANICE</b>	2.2 NAME	
STREET ADDRESS	<b>RT 3 1304</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STARKE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEIGER, TED</b>	3.2 NAME	
STREET ADDRESS	<b>RT 3 BOX 1027</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STARKE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUKE, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>RT 3 BOX 1076</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STARKE FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNEPPER, LEE</b>	5.2 NAME	
STREET ADDRESS	<b>RT 3 BOX 1044</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STARKE FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWPORT, MAY</b>	6.2 NAME	
STREET ADDRESS	<b>RT 3 BOX 1030</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STARKE FL</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Johnnie H. Montgomery* DATE: **1-24-96** DAYTIME PHONE #: **352-473-2341**

CR2E037 (12/95)