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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29560

(2)

CRYSTAL-HOMESITES CIVIC ASSOCIATION INC.

OTTO IZE HOMESTED ONTO AGGOOMMON ING.						
Principal Pla	ce of Business	Mailing Address		f stationale sight (4:4) dill cities	BATE BENEE MINIT WONES MINIT RENEED BENEET GAND	
1093 S.E. 59T C/O JOHNNY I STARKE FL 32	MONTGOMERY	1093 S.E. 59TH ST., F C/O JOHNNY MONTGO STARKE FL 32091-9803	MERY			
				3. Date Incorporated or Qualified 12/06/1988	3a. Date of Last Report 01/31/1996	
—	Place of Business	2a. Mailing Address		4. FEI Number 59-2413932	Applied For	
21		26		39 24 13832	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees	
24	25	29	30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No	
57	9. Name and Address of Cui		1301	10. Name and Address of New R		
			81 Name			
MONTG	OMERY, JOHNNIE		82 Street	Address (P.O. Box Number is Not Accepta	ble)	
1093 S.E. 59TH ST., RT. 3						
STARKE	FL 32091		83			
			84 City		85 Zip Code	
11. Pursuant	t to the provisions of Sections 617	050P and 617.1508, Florida Si	tatutes, the above-name	corporation submits this statement for the	purpose of changing its registered	
office of agent. I	registered agent, or both, in the co am tem liar with, and accept the of	bly and storida. Such change v bly and set. Section 617,0503	vas authorized by the coi 3. Florida- S tatutes.	d corporation submits this statement for the poration board of directors. I hereby acceptance	opt the appointment as registered	
SIGNATURE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nmenon	DAIA	January 3	. 1997	
SIGNATOR	Signature, typod or printed pame of registered	a en de le la applicable	(NOTE: Registered Ligent signatu	e required when reinstating)	DATE	
12.		AND DIRECTORS	13	ADDITIONS/CNAMES TO OFFI	CERS AND DIRECTORS IN 12	
TITLE	DVST	☐ DELETE	1.1 TITLE	\sim	Change Addition	
NAME	KING, CLYDE		1.2 NAME			
STREET ADDRESS	1		1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	CHARLES, NABVWANICE		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	STARKE FL		2.4 CITY~ST~ZIP			
TITLE	ST	☐ DELETE	3.1 TITLE		Change Addition	
NAME	GEIGER, TED		3.2 NAME			
STREET ADORESS	, ,,, , , , , , , , , , , , , , , , , ,		3.3 STREET ADDRESS			
CITY-ST-ZIP	STARKE FL		3.4. CITY-ST-ZIP			
TITLE	DVP	☐ DELETE	4.1 TITLE		Change Addition	
NAME	LUKE, ROBERT		4. 2 NAME		•	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	STARKE FL					
	l D		4.4 CITY - ST - ZIP			
TITLE		DELETE			☐ Change ☐ Addition	
NAME	KNEPPER, LEE	DELETE			☐ Change ☐ Addition	
	KNEPPER, LEE RT 3 BOX 1044	DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	KNEPPER, LEE RT 3 BOX 1044 STARKE FL		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE	KNEPPER, LEE RT 3 BOX 1044 STARKE FL D	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	KNEPPER, LEE RT 3 BOX 1044 STARKE FL D NEWPORT, MAY		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME			
NAME STREET ADDRESS CITY-ST-ZIP TITLE	KNEPPER, LEE RT 3 BOX 1044 STARKE FL D NEWPORT, MAY		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE			

14. I do 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 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: BIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DESCRIPTION & COOKING OFFICER OR DIRECTOR