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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29560 (2)
 1. Corporation Name
CRYSTAL-HOMESITES CIVIC ASSOCIATION INC.



Principal Place of Business 1093 S.E. 59TH ST., RT. 3 C/O JOHNNY MONTGOMERY STARKE FL 32091	Mailing Address 1093 S.E. 59TH ST., RT. 3 C/O JOHNNY MONTGOMERY STARKE FL 32091
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3. Date Incorporated or Qualified 12/06/1988
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4. FEI Number 59-2413932	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MONTGOMERY, JOHNNIE 1093 S.E. 59TH ST., RT. 3 STARKE FL 32091

10. Name and Address of New Registered Agent 81 Name Billie Cannon 82 Street Address (P.O. Box Number is Not Acceptable) Box 297 83 25 Pine St. 84 City Keystone Heights, FL 85 Zip Code 32656
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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 617.0503, Florida Statutes.

SIGNATURE Billie Cannon DATE 3/4/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVST KING, CLYDE	<input type="checkbox"/> DELETE	1.1 TITLE D Newport, Max
NAME	105 E. 44TH ST.		1.2 NAME RT 3 box 1030
STREET ADDRESS	JACKSONVILLE FL		1.3 STREET ADDRESS Starke, FL
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	VP CHARLES, NABYWANICE	<input type="checkbox"/> DELETE	2.1 TITLE President
NAME	RT 3 1304		2.2 NAME Nabywanice, Charles
STREET ADDRESS	STARKE FL		2.3 STREET ADDRESS Rt. 3 1087
CITY-ST-ZIP			2.4 CITY-ST-ZIP Starke, FL 32091
TITLE	ST GEIGER, TED	<input type="checkbox"/> DELETE	3.1 TITLE Vice President
NAME	RT 3 BOX 1027		3.2 NAME Geiger, Ted
STREET ADDRESS	STARKE FL		3.3 STREET ADDRESS Rt. 3 Box 1027
CITY-ST-ZIP			3.4 CITY-ST-ZIP STARKE - FLA 32091
TITLE	DVP LUKE, ROBERT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D Chappell, Mike
NAME	RT 3 BOX 1076		4.2 NAME RT. 3 BOX 1091
STREET ADDRESS	STARKE FL		4.3 STREET ADDRESS STARKE, FLA 32091
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE	D KNEPPER, LEE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D Weeks, Arnold
NAME	RT 3 BOX 1044		5.2 NAME RT. 3. BOX - 1023
STREET ADDRESS	STARKE FL		5.3 STREET ADDRESS STARKE, FLA.
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE	D NEWPORT, MAY	<input type="checkbox"/> DELETE	6.1 TITLE D Montgomery, J.
NAME	RT 3 BOX 1030		6.2 NAME 1093-SE 59th St.
STREET ADDRESS	STARKE FL		6.3 STREET ADDRESS RT. 3. STARKE. 32091
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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 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: Billie Cannon DATE 2/4/98 1-352
Signature, typed or printed name of signing officer or director 473-3546

CR2E037 (10/97)

DEPARTMENT OF STATE
B. Mortham
 Secretary of State
 DEPARTMENT OF CORPORATION



IT. 3
 MEMERY

3. Date Incorporated or Qualified
12/06/1988

4. FEI Number
59-2413932

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

Country **30**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

I, the above-named corporation submits this statement for the purpose of changing its registered agent as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent under Florida Statutes.

NOTE: Registered Agent signature required when reinstating) DATE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cannon, Billie	
1.3 STREET ADDRESS	Box 297	
1.4 CITY - ST - ZIP	Keystone Heights, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

I, for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information is 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; and that my name appears in the report as required by Chapter 617, Florida Statutes; and that my name appears in

REQUIRED
 OFFICER OR DIRECTOR Date Daytime Phone # 0079524

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