| UNII پر | R) | | FILE | D | | | | |
|---|--------------------------------------|---------------------------------|----------------------------|--------------------|---|------------------------|--|--------------------------|
| DOCUMENT # N29560 | | | | | Jul 21, 2000 8:00 am Secretary of State | | | |
| Crystal-Homesites Civic Association, Inc. P Secretary of State 07-21-2000 90150 011 ****61.25 | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | |
| MABYWANIEC Rt.3 BOY GHARLES STARKE 7 | | | | | 00073031 | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | \$ 15 miles | | | |
| Suite, Apt. #, etc. Pf. 3. By Suite, Apt. #, etc. | | | - | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | Det Jan | City & State | - | į. | Number | | | pplied For |
| Zip | Country | Zip | Country | | - 2박1:3 9경 2 tificate of Status Des | ired 🗆 | 8.75 Add | t Applicable ditional |
| 3209 6 Name | SRAD Lond | egistered Agent | | | ne and Address of N | | ee Required | d |
| Proposition Name CRYSTAL LAK HOLESITES | | | | | | | | |
| Corystal Lake Homesites P. O. Box 264 Street Address (F | | | | | CO. Box Number is Not Acceptable) | | | |
| Keystone Heights, Fl. 32656 | | | | 599 SE TIST ST | | | | |
| · · | | | | THICKE, FL 32091 | | | | |
| 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. | | | | | | | | |
| SIGNATURE Billie (ANNON (Sec. + Trus.) 6/5/2000 | | | | | | | | |
| Signature, typed or printed name of regisfered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| FILE NOW: 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State | | | | | | | | |
| 10. | OFFICERS AND DIRE | ECTORS | 11. | | IS/CHANGES TO OF | FICERS AND DIR | ECTORS IN | 10 |
| TITLE King | . Clude | シッキ・ | TITLE / · | SLOU | er. | | Change | Addition |
| ,,,,,, | ן∍ Clyde — ⁄ E• 44th St• | 7071 | STREET ADDRESS | po. Bu | 4 - R+.3. | 184.101 | _ | 100 |
| | sonville, Fi | · · . | CITY-ST-ZIP | STARKE | - 764. | 3209 | <u> </u> | |
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| <u></u> | wanies Char Box 1081 | initiation of the said | STREET ADDRESS | R. | | التشبيب ب | | = |
| CITY-ST-ZIP Starke- FL 32091 | | | | ** 0 | <u> </u> | | LPS. | - |
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| CTREET ANNIBECC GEIG | er, Ted Box 1027 | UP. | STREET ADDRESS | | | | | |
| Star | ke: FL: 320' |]] . — | CITY-ST-ZIP | <u> </u> | | | | |
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| - Stan | kei FL 320: | | CITY-ST-ZIP | | | | Change | [] Addition |
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| * * | s, Arnold | D - | STREET ADDRESS | | | | | |
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| NAME | | CA DOING | NAME | | | | | _ |
| | son, Carl | Docosed | STREET ADORESS CITY-ST-ZIP | | | | | |
| • | ∍ Box 977. MagaziaEstupatea parti | Deceased | . | ted in Section 119 | .07(3)(i), Florida Stati | utes. I further certif | fy that the in | formation |
| 12. I hereby certify State kiematic Jupp 2 0 1 his 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 suppremental 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 of 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: | track | Valum | | | 630100 | · · · · · | 772- | B971 |
| | SIGNATURE AND TYPED OR PRI | NTED NAME OF SIGNING OFFICER OF | DIRECTOR | | Date | Day | ytirne Phone # | |