2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005
Secretary of State

DOCUMENT# N29560

Entity Name: CRYSTAL-HOMESITES CIVIC ASSOCIATION INC.

Current Principal Place of Business:

589 S.E. 71ST ST.
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

589 S.E. 71ST ST.
STARKE, FL 32091

New Mailing Address:

FEI Number: 59-2413932 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRYSTAL LAKE HOMESITES
589 SE 71ST STREET
STARKE, FL 32091 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: CANNON, BILLIE
Address: 344 S.E. 71ST ST
City-St-Zip: STARKE, FL 32091

Title: P ( ) Delete
Name: NABYWANIEC, CHARLES
Address: 589 SE 71ST ST
City-St-Zip: STARKE, FL 32091

Title: VP ( ) Delete
Name: WHITAKER, CLAY
Address: 7354 S.W. 5TH AVE
City-St-Zip: STARKE, FL 32091

Title: D ( ) Delete
Name: CHAPPELL, MIKE
Address: 494 SE 73RD ST
City-St-Zip: STARKE, FL 32091

Title: D ( ) Delete
Name: WEEKS, ARNOLD
Address: 407 S.E. 73RD ST
City-St-Zip: STARKE, FL 32091

Title: D ( ) Delete
Name: WAGNER, KEVIN
Address: 696 S.E. 71ST ST.
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HODGES, FRED
Address: 431 S.E. 71ST ST
City-St-Zip: STARKE, FL 32091

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES NABYWANIEC P 03/04/2005
Electronic Signature of Signing Officer or Director — Date