

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90090 001 ****61.25

DOCUMENT # N29560

1. Entity Name
CRYSTAL-HOMESITES CIVIC ASSOCIATION INC.



Principal Place of Business
**RT 3 BOX 1081 589 S. E. 71st St.
STARKE FL 32091**

Mailing Address
**RT 3 BOX 1081 589 S. E. 71st St.
STARKE FL 32091**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2413932		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRYSTAL LAKE HOMESITES RT 3 BOX 1081 589 S. E. 71st St. 589 SE 71ST STREET STARKE FL 32091		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST KING, CLYDE 105 E. 44TH ST. JACKSONVILLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. Hendon, Mark PO. Box - 13934 Starke, SE 71st Street. FLA. ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NABYWANIEC, CHARLES RT 3 BOX 1081 589 S. E. 71st St. STARKE FL 32091 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITAKER, GREG RT 3 BOX 1100 STARKE FL 32091 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPPELL, MIKE RT 3, BOX 1091 STARKE FL 32091 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEKS, ARNOLD RT 3, BOX 1023 STARKE FL 32091 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HODGES, FRED RT 3 BOX 517 S E STARKE FL 32091 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED CHARLES NABYWANIEC 3-15-03 352 538-3497**

CP2E037 (10/02)