

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N32381** (8)

1. Corporation Name

**CRYSTAL LAKE PROPERTY OWNERS' ASSOCIATION ONE, I  
NC.**



Principal Place of Business <b>2210 IMMOKALEE RD NAPLES FL 33942 US</b>		Mailing Address <b>2310 IMMOKALEE RD NAPLES FL 34110-1414 US</b>	
2. Principal Place of Business <b>21 160 CR 951</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26</b> Suite, Apt. #, etc.	
22 City & State <b>23 Naples, FL</b>		27 City & State	
24 Zip <b>34119</b>		29 Country <b>US</b>	
25 Country <b>US</b>		30 Country	
3. Date Incorporated or Qualified <b>05/18/1989</b>		3a. Date of Last Report <b>05/15/1996</b>	
4. FEI Number <b>65-0190743</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>LANDMARK MANAGEMENT COMPANY, INC. 2310 IMMOKALEE RD NAPLES FL 33942----</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 Zip Code <b>FL 34110</b>	

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 *Polly W. Butler* **Polly W. Butler, Vice President,** **5/15/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WHISNAND, ROY</b>	1.2 NAME	<b>Ralph Giaquinto</b>
STREET ADDRESS	<b>2310 IMMOKALEE RD</b>	1.3 STREET ADDRESS	<b>160 CR 951, # 2010</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	<b>Naples, FL 34119</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WHISNAND, SCOTT</b>	2.2 NAME	<b>Angus Davis</b>
STREET ADDRESS	<b>2310 IMMOKALEE RD</b>	2.3 STREET ADDRESS	<b>160 CR 951, # 2101</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	2.4 CITY-ST-ZIP	<b>Naples, FL 34119</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>T, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BUTLER, POLLY</b>	3.2 NAME	<b>Bob Dee</b>
STREET ADDRESS	<b>2310 IMMOKALEE RD</b>	3.3 STREET ADDRESS	<b>1155 W. Pleasant St.</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	3.4 CITY-ST-ZIP	<b>Brockton, MA 02401</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>S, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Hope Balint</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>519 Fruitville Rd.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Greenville, SC 29607</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Wayne Bloomfield</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>975 Olmstead Rd.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>W. Jefferson, OH 43162</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Roland Fondessy</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>3590 Roundbottom Rd.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Cincinnati, OH 45244</b>

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 **Ralph Giaquinto** **5/22/97**

CR2E037 (9/96)