

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33085

FILED
Mar 17, 2006
Secretary of State

Entity Name: CRYSTAL CREEK NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434 #5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3066439 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC
2180 W SR 434 #5000
LONGWOOD, FL 32779 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: PD () Delete
Name: ALEXANDER, GREGG
Address: 1012 HIGH POINT LOOP
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: MORAN, DAVID
Address: 1084 HIGH POINT LOOP
City-St-Zip: LONGWOOD, FL 32750

Title: VPD () Delete
Name: ELLIOTT, TERRY
Address: 616 SILVER BIRCH PLACE
City-St-Zip: LONGWOOD, FL 32750

Title: SD () Delete
Name: HOGUE, DONNA
Address: 217 SOLDIERS CREEK PL
City-St-Zip: LONGWOOD, FL 32750

Title: TD () Delete
Name: NOKK, BETTY
Address: 1083 HIGH POINT LOOP
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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 Chapter 119, 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: GREGG ALEXANDER

PD

03/17/2006

Electronic Signature of Signing Officer or Director

Date