2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

OK TO PAY
ACCT NO
DATE 1/12/06

DOCUMENT # N35816

1. Entity Name
CRYSTAL LAKE PROPERTY OWNERS' ASSOCIATION TWO, INC.

Principal Place of Business	Mailing Address
14960 COLLIER BLVD NAPLES, FL 34119 US	14960 COLLIER BLVD NAPLES, FL 34119 US

DO NOT WRITE IN THIS SPACE

01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0190740

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, PA
BANK OF AMERICA CENTER
4501 TAMIAMI TRAIL N., SUITE 214
NAPLES, FL 34103-0000

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	DICKEY-OLSEN, PAT
STREET ADDRESS	14960 COLLIER BLVD HOGG
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	P
NAME	OTT, EDWIN L
STREET ADDRESS	14960 COLLIER BLVD #2031
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	T
NAME	ANDERSON, ED
STREET ADDRESS	144960 COLLIER BLVD , # 4113
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D
NAME	DANIELSON, DAN
STREET ADDRESS	14960 COLLIER BLVD LOT #3036
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	VP
NAME	SULLIVAN, BOB
STREET ADDRESS	14960 COLLIER BLVD, 2088
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D
NAME	MCKEEN, DAVE
STREET ADDRESS	14960 COLLIER BLVD #2049
CITY-ST-ZIP	NAPLES, FL 34119

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01/20/06-80056-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ EDWARD W. ANDERSON 1/12/06 239-353-4213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date Daytime Phone #