2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2007 8:00 am Secretary of State 03-12-2007 90095 025 ****61.25

FILED

DOCUMENT # N35816



| Principal Place of Business | CRYSTAL LAKE PROPERTY OWNERS' ASSOCIATION TWO, INC. | | | | | 4000 | 0.550 | | | |
|--|---|--|---------------------|---------------------------------------|--|--|-------------------------------|----------------------|----------------|--|
| Suite Apil 4, etc. Suite Apil 1, etc. D1042007 Chg.NP CR2E037 (12/06) | 14960 COLLIER BLVD 149 | | 14960 COLLIER BLVD | | | | (1 218)) 218)) 818) 812) 812) | | | |
| City & State | 2. Principal P | face of Business - No P.O. Box# | Mailing Address | | | | | | | |
| Country | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01042007 C | hg-NP | CR2E037 (12/0 | 96) | | |
| Name and Address of Current Registered Agent | City & State | | City & State | City & State | | | 40 | | | |
| BECKER & POLIAKOFF, PA' BANK OF AMERICA CENTER 4501 TAMMAIN TRAIL N., SUITE 214 NAPLES, FL 34103-0000 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Tilling Fee is \$61.25 | Zip Country Zi | | | , , , , , , , , , , , , , , , , , , , | | 5. Certificate of S | tatus Desired | | | |
| BANK OF AMERICA CENTER 4501 TAMIAMI TRAIL N., SUITE 214 NAPLES, FL 34103-0000 City FL Zip Code Florida Department of State Florida Departme | 6. Name and Address of Current Registered Agent | | | | | | | | | |
| APLES, FL 34103-0000 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Sprature, horded or pretechance of impulsived agent and time if apoctable. INDIE. Registered Agent agraluse required when immusering DATE | BANK OF AMERICA CENTER | | | Street | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| B. 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE | | | | | | ······································ | | | | |
| SIGNATURE Filing Fee is \$61.25 Due by May 1, 2007 Pelectron Campaign Financing S5.00 May Be Added to Fees Added to | | | | City | City FL Zip Code | | | | | |
| NOTE Registered Agent signature required when remaining DATE | | | | | | | | | | |
| Trust Fund Contribution | | | | | | | | | | |
| TITLE NAME DICKEY-OLSEN, PAT NAME | | | | | | \$5.00 May Be Added to Fees | 1 | | | |
| DICKEY-OLSEN, PAT STREET ADDRESS 14960 COLLIER BLVD HOGG NAPLES, FL 34119 TITLE OTT, EDWIN L NAME STREET ADDRESS CITY-ST-ZPP NAPLES, FL 34119 TITLE ANDERSON, ED NAPLES, FL 34119 TITLE ANDERSON, ED NAPLES, FL 34119 TITLE TITLE TITLE TITLE DANDERSON, ED TITLE NAME STREET ADDRESS CITY-ST-ZPP NAPLES, FL 34119 TITLE DANDERSON, DAN STREET ADDRESS CITY-ST-ZPP TITLE DANDERSON, DAN STREET ADDRESS CITY-ST-ZPP TITLE DANDERSON, DAN STREET ADDRESS CITY-ST-ZPP TITLE TITLE DANDERSON, DAN STREET ADDRESS CITY-ST-ZPP TITLE DANDERSON, DAN STREET ADDRESS CITY-ST-ZPP TITLE VP DEBETE TITLE VP DEBET TITLE VP DEBET TITLE VP DEBET TITLE VP DEBET TITLE STREET ADDRESS CITY-ST-ZPP TITLE DANDERSON, DAN STREET ADDRESS CITY-ST-ZPP TITLE DANDERSON, DAN STREET ADDRESS CITY-ST-ZPP TITLE D MCKEER, DAVE STREET ADDRESS CITY-ST-ZPP TITLE D MCKEER, DAVE STREET ADDRESS CITY-ST-ZPP NAPLES, FL 34119 TITLE D MCKEER, DAVE STREET ADDRESS CITY-ST-ZPP NAPLES, FL 34119 TITLE D MCKEER, DAVE STREET ADDRESS CITY-ST-ZPP NAPLES, FL 34119 TITLE D MCKEER, DAVE STREET ADDRESS CITY-ST-ZPP NAPLES, FL 34119 TITLE D MCKEER, DAVE STREET ADDRESS CITY-ST-ZPP NAPLES, FL 34119 TITLE D MCKEER, DAVE STREET ADDRESS CITY-ST-ZPP NAPLES, FL 34119 TITLE D MCKEER, DAVE STREET ADDRESS CITY-ST-ZPP NAPLES, FL 34119 TITLE D MCKEER, DAVE STREET ADDRESS CITY-ST-ZPP NAPLES, FL 34119 TITLE STREET ADDRESS CITY-ST-ZPP NAPLES, FL 34119 TITLE D MCKEER, DAVE STREET ADDRESS CITY-ST-ZPP NAPLES, FL 34119 TITLE STREET ADDRESS CITY-ST-ZPP NAPLES, FL 34119 | 10. | r | CTORS | 11. | , , , , , | ADDITIONS/CHANG | ES TO OFFICE | RS AND DIRECTOR | RS IN 10 | |
| NAME OTT, EDWIN L STREET ADDRESS 14960 COLLIER BLVD #2031 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 Delete TITLE ANDERSON, ED NAPLES, FL 34119 Delete TITLE D Delete TITLE D DANIELSON, DAN 14960 COLLIER BLVD #3036 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 Delete TITLE D Delete TITLE DRAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 Delete TITLE DRAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 Delete TITLE DRAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 Delete TITLE DRAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 Delete TITLE DRAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 Delete TITLE DRAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 Delete STREET ADDRESS CITY-ST-ZIP DELETE | NAME STREET ADDRESS | DICKEY-OLSEN, PAT 14960 COLLIER BLVD HOGG | ☐ Delete | name Street address | | | | ☐ Cha | nge 🗌 Addition | |
| ANDERSON, ED STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DANIELSON, DAN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VP NAME STREET ADDRESS CITY-ST-ZIP TITLE VP NAME STREET ADDRESS CITY-ST-ZIP TITLE D MCKEEN, DAVE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D MCKEEN, DAVE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 CHANGE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 | NAME STREET ADDRESS | OTT, EDWIN L 14960 COLLIER BLVD #2031 | D Delete | NAME STREET ADDRESS | P ED 1499 NA | ANDERS 60 Collie oles FL | SON ER BLV. - 34119 | □Cha D #4113 7 | nge 🗌 Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 TITLE NAME SULLIVAN, BOB STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 TITLE O Delete TITLE D Delete TITLE MCKEEN, DAVE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-ZIP | NAME STREET ADDRESS | ANDERSON, ED 144960 COLLIER BLVD , # 4113 | ☐ Delete | NAME STREET ADDRESS | | | | [⊋ Cha | nge 🗌 Addition | |
| NAME SULLIVAN, BOB NAME STREET ADDRESS 14960 COLLIER BLVD, 2088 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-ZIP TITLE D □ Delete TITLE NAME MCKEEN, DAVE NAME STREET ADDRESS 14960 COLLIER BLVD #2049 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-ZIP | NAME STREET ADDRESS | DANIELSON, DAN 14960 COLLIER BLVD LOT #3036 | Delete | NAME STREET ADDRESS | | | | □ Cha | nge 🔲 Addilion | |
| NAME MCKEEN, DAVE NAME STREET ADDRESS 14960 COLLIER BLVD #2049 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-ZIP | NAME STREET ADDRESS | SULLIVAN, BOB 14960 COLLIER BLVD, 2088 | ☐ Delete | NAME STREET ADDRESS | | | | ☐ Cha | nge 🔲 Addition | |
| I infinally terminal representations and the result of | NAME STREET ADDRESS CITY-ST-ZIP | MCKEEN, DAVE 14960 COLLIER BLVD #2049 NAPLES, FL 34119 | | NAME STREET ADDRESS CITY+ST-ZIP | contained | in Chapter 119. Fir | orida Statutes I | | | |

find aled on his report of suppremental report is due and accurate and that my signature shall have the same legal effect as it made under barn; that if an another 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 attacphier with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR