

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 20, 2009
Secretary of State

DOCUMENT# N36051

Entity Name: CRYSTAL LANDINGS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**861 SE MAYO DRIVE
CRYSTAL RIVER, FL 34429 US**New Principal Place of Business:****Current Mailing Address:**861 SE MAYO DRIVE
CRYSTAL RIVER, FL 34429 US**New Mailing Address:****FEI Number:** 59-3219198**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHUMWAY, DOROTHY
949 SE MAYO DRIVE
CRYSTAL RIVER, FL 34429 US**Name and Address of New Registered Agent:**WILSON, MAUREEN
945 SE MAYO DRIVE
CRYSTAL RIVER, FL 34429 US

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: MAUREEN WILSON

08/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMERON, BILL
Address: 843 SE MAYO DR.
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: T () Delete
Name: SCHEMBER, DIANE
Address: 907 SE MAYO DR
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: P () Delete
Name: IVORY, RUTH
Address: 815 SE MAYO DR
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: D () Delete
Name: HUDSON, RICHARD
Address: 809 SE MAYO DR
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: S () Delete
Name: WILSON, MAUREEN
Address: 945 SE MAYO DR
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D () Change (X) Addition
Name: JORGENSEN, JON
Address: 841 SE MAYO DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429 US

I hereby certify that the information supplied with this filing does not qualify 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: RUTH IVORY

P

08/20/2009

Electronic Signature of Signing Officer or Director

Date