## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(6) 8-0289

CRYSTAL LAKES MANUFACTURED HOME COMMUNITY ASSOCI ATION, INC.

Principal Place of Business

Mailing Address



9900 SUGARMILL SPRINGS DR FT MYERS FL 33905	5010 COUNTRY LAKES FT. MYERS FL 33905-5110			
			3. Date incorporated or Qualified 01/29/1990	3a. Date of Last Report 07/26/1995
2. Principal Place of Business	2a. Mailing Address	714	4. FEI Number	Applied For
· · · · · · · · · · · · · · · · ·	26		65-0259325	Not Applicable
· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	This corporation has liability for int	
	29	30		Yes No
9. Name and Address of Current Re	gistered Agent	81 Name	10. Name and Address of New Reg	platered Agent
DAVIES, CHRISTOPHER N 1415 HENDRY ST. FT MYERS FL 33901  81 Name				00 00000 E1 85 Zip,Code 1
	Ouch change was authorize 17,0563, Florida Statutes.		ard of directors. I hereby accept the appoin	Itment as registered agent. I am
		Director  Registered Agent signature requir	red when reinstation	1-18-96
12. OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE D	DELETE	1.1 TITLE		Change Addition
NAME KROHN, MITCHELL W		1.2 NAME		16
STREET ADDRESS 394 ESTERO BLVD. # 406		1.3 STREET ADDRESS		[8]
CITY-ST-ZIP FT MYERS BEACH FL 33931		1.4 CITY - ST - ZIP		ַל
TIME D	DELETE	2.1 TITLE		Change Addition
NAME CURNISH, ELIZABETH		2.2 NAME		
STREET ADDRESS 9807 SUGARMILL SPRINGS DR.		2.3 STREET ADDRESS		İ
CITY-SI-ZIP FT MYERS FL 33905		2. 4 CITY-ST-ZIP		
TITLE D	<b>€</b> DELETE	31 TITLE	)	Change Addition
NAME HIGGINS, BOB J		3.2 NAME	Krohn, Constance L	
2800 ESTERO BLVD. #705 CITY-ST-ZIP FT MYERS BEACH FL 33931		3 3 STREET ADDRESS	394 Estero Blvd. #	406
TITLE	□ of the	3.4. CITY-ST-ZIP	Ft.Myers Beach, Fl	33034
	DELETE	4.1 TITLE	turnyers beach, 11	• Criarige
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-S1-ZIP TITLE	Document	4.4 CITY-ST-ZIP		
NAME	DELETE	5.1 TITLE		Change Addition
		5.2 NAME		i
STREET ADDRESS		5.3 STREET ADDRESS		1
City-St-ZiP Title	DELETE	5.4 CITY-ST-ZIP		
NAME		6.1 THTLE		☐ Change ☐ Addition
		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		ŀ
CITY-ST-ZIP  14. I do hereby certify that the information supplied with	this filing is voluntarily furnis	6.4 CITY+ST-ZIP	for the exemption stated in Section 110.07	(2)(A) Florido Statutos I 6 utho-

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.

**SIGNATURE:**