

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36337** (6)

1. Corporation Name

**CRYSTAL LAKES MANUFACTURED HOME COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**9900 SUGARMILL SPRINGS DR  
FT MYERS FL 33905**

**5010 COUNTRY LAKES  
FT. MYERS FL 33905-5110**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**KROHN, MITCHELL W.  
394 ESTERO BLVD. #406  
FT MYERS BEACH FL 33931**

3. Date Incorporated or Qualified

**01/29/1990**

4. FEI Number

**65-0259325**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

**SAME**

82 Street Address (P.O. Box Number is Not Acceptable)

**12401 McGregor Palms Drive**

83

84 City

**FT. MYERS**

**FL**

85 Zip Code

**33908**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

**Mitchell W Krohn**

**Mitchell W Krohn**

**1-6-98**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KROHN, MITCHELL W</b>	
STREET ADDRESS	<b>394 ESTERO BLVD. # 406</b>	
CITY-ST-ZIP	<b>FT MYERS BEACH FL 33931</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CURNISH, ELIZABETH</b>	
STREET ADDRESS	<b>9807 SUGARMILL SPRINGS DR.</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33905</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KROHN, CONSTANCE L.</b>	
STREET ADDRESS	<b>394 ESTERO BLVD. #406</b>	
CITY-ST-ZIP	<b>FT MYERS BEACH FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SAME</b>	
1.3 STREET ADDRESS	<b>12401 McGregor Palms Drive</b>	
1.4 CITY-ST-ZIP	<b>FT. MYERS, FL 33908-3055</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	<b>SAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SAME</b>	
3.3 STREET ADDRESS	<b>12401 McGregor Palms Drive</b>	
3.4 CITY-ST-ZIP	<b>FT. MYERS, FL 33908-3055</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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:

**SIGNATURE REQUIRED**

**1-6-98 941 694/900**

CR2E037 (10/97)