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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36337

1. Corporation Name

CRYSTAL LAKES MANUFACTURED HOME COMMUNITY ASSOCIATION, INC.

Principal Place of Business

9900 SUGARMILL SPRINGS DR
FT MYERS FL 33905

Mailing Address

5010 COUNTRY LAKES
FT. MYERS FL 33905-5110



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KROHN, MITCHELL W.
12401 MCGREGOR PALMS AVE
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

JAMES Preston Ferro

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

5010 Country LAKES Drive

84 City

FT MYERS

FL

85 Zip Code

33905

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

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

JAMES Preston Ferro President Director 1-27-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME KROHN, MITCHELL W
STREET ADDRESS 12401 MCGREGOR PALM DR
CITY-ST-ZIP FT MYERS FL 33908

TITLE D ☒ DELETE

NAME CURNISH, ELIZABETH
STREET ADDRESS 9807 SUGARMILL SPRINGS DR.
CITY-ST-ZIP FT MYERS FL 33905

TITLE D ☒ DELETE

NAME KROHN, CONSTANCE L.
STREET ADDRESS 12401 MCGREGOR PALMS DR
CITY-ST-ZIP FT MYERS FL 33908

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary - Treasurer - Director ☒ Change ☐ Addition

1.2 NAME

JOAN BIERMAN

1.3 STREET ADDRESS

7518 Hurstbourne Green Drive

1.4 CITY-ST-ZIP

Charlotte, NC 28270

2.1 TITLE

Vice President - Director ☒ Change ☐ Addition

2.2 NAME

William Davis

2.3 STREET ADDRESS

9958 Dolphin Bay Court

2.4 CITY-ST-ZIP

Ft. Myers FL 33905

3.1 TITLE

President - Director ☒ Change ☐ Addition

3.2 NAME

James P. Ferro

3.3 STREET ADDRESS

10800 Sikes Place Suite 300

3.4 CITY-ST-ZIP

Charlotte, NC 28277

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

JOAN BIERMAN

1-27-99 (941) 694-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR3E037-11/98