

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90311 029 ****61.25

DOCUMENT # N36337 1. Entity 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 5010 Country Lakes Dr.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-0437361 65-0259325					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent NELSON, GEORGE N JR 5010 COUNTRY LAKES DR. FT MYERS, FL 33905			7. Name and Address of New Registered Agent Name Roberta A. Golfes Street Address (P.O. Box Number is Not Acceptable) 5010 Country Lakes Dr City Fort Myers FL Zip Code 33905		
8. 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 familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Roberta A. Golfes</i></u> <u><i>Manager</i></u> <u><i>4/22/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRAIG, ROBERT 9751 SUGARMILL SPRINGS DR FORT MYERS, FL 33905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Dennis Mittag 9814 Sugarberry Way Ft. Myers, Florida 33905		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENISHEK, LOU 9966 DOLPHIN BAY CT FORT MYERS, FL 33905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, GEORGE N JR. 333 WASHINGTON AVENUE N SUITE 200 MINNEAPOLIS, MN 55401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Louis W Benishek</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>4/25/05</i></u> <u><i>239 693 5645</i></u> <small>Date Daytime Phone #</small>		