2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# N36337

Entity Name: CRYSTAL LAKES MANUFACTURED HOME COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

FEI Number: 65-0259325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: JAMES W HART JR 04/02/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: MITTAG, DENNIS
Address: 9814 SUGARBERRY WAY
City-St-Zip: FORT MYERS, FL 33905

Title: VPD ( ) Delete
Name: CURRISH, WILBUR
Address: 9807 SUGARMILL SPRINGS DR
City-St-Zip: FORT MYERS, FL 33905

Title: PD ( ) Delete
Name: ODOM, SANDRA
Address: 9727 SUGARMILL SPRINGS DR
City-St-Zip: FORT MYERS, FL 33905

Title: D ( ) Delete
Name: MCLEAN, GERALD
Address: 5470 MANATEE BAY LANE
City-St-Zip: FORT MYERS, FL 33905

Title: D ( ) Delete
Name: JINDRA, CINDY
Address: 15200 RIVERBEND BLVD
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: FRASCHE, NICK
Address: 5169 FIDDLELEAF DR
City-St-Zip: FORT MYERS, FL 33905

Title: TSD (X) Change ( ) Addition
Name: PHILLIPS, HARRY
Address: 9640 SUGARMILL SPRINGS DR
City-St-Zip: FORT MYERS, FL 33905

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

Title: D (X) Change ( ) Addition
Name: RAFUSE, TOM
Address: 5310 MANATEE BAY LANE
City-St-Zip: FORT MYERS, FL 33905

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

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: SANDRA ODOM PD 04/02/2008
Electronic Signature of Signing Officer or Director Date