

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 17, 2010**  
**Secretary of State**

DOCUMENT# N36337

**Entity Name:** CRYSTAL LAKES MANUFACTURED HOME COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**5010 COUNTRY LAKES DRIVE  
FORT MYERS, FL 33905**New Principal Place of Business:****Current Mailing Address:**8270 COLLEGE PKWY #104  
FORT MYERS, FL 33919**New Mailing Address:****FEI Number:** 65-0259325**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CONRAD, DEBBIE  
8270 COLLEGE PKWY #104  
FORT MYERS, FL 33919 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: YANNANTUONO, BEVERLY  
Address: 5190 SILK OAK AVENUE  
City-St-Zip: FORT MYERS, FL 33905

Title: TSD  
Name: REIST, ROBERT  
Address: 5481 MANATEE BAY LANE  
City-St-Zip: FORT MYERS, FL 33905

Title: PD  
Name: TYRRELL, MARK  
Address: 5171 SILK OAK AVENUE  
City-St-Zip: FORT MYERS, FL 33905

Title: D  
Name: TRUESDELL, DOREEN  
Address: 5073 FIDDLELEAF  
City-St-Zip: FORT MYERS, FL 33905

Title: D  
Name: ANDREWS, ROBERT  
Address: 3104 PACIFIC ST SUITE 300  
City-St-Zip: MINNEAPOLIS, MN 55411

I hereby 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 all other like empowered.

SIGNATURE: ROBERT REIST

TSD

05/17/2010

Electronic Signature of Signing Officer or Director

Date