2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2011
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: D
Name: MEHAFFEY, JUDY
Address: 5280 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: VPD
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 03/28/2011

Electronic Signature of Signing Officer or Director — Date