2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N36337

FILED Apr 30, 2003 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 9900 SUGARMILL SPRINGS DR FT MYERS, FL 33905 **Current Mailing Address: New Mailing Address:** 5010 COUNTRY LAKES FT. MYERS, FL 339055110 FEI Number: 65-0259325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FERRO, JAMES P 5010 COUNTRY LAKES DR. FT MYERS, FL 33905 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete STD () Change () Addition BIERMAN, JOAN Name: Name: Address: 8027 MARIE ROLET WAY Address: City-St-Zip: CHARLOTTE, NC 28277 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: DAINUS, JOHN Name: Address: 9142 SUGARBERRY WAY Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: Title: () Delete Title: () Change () Addition FERRO, JAMES P Name: Name: 10800 SIKES PLACE SUITE 300 Address: Address: City-St-Zip: CHARLOTTE, NC 28277 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES P. FERRO PD 04/30/2003