


FILED
Jan 22, 2008 8:00 am
Secretary of State

4000000000

DOCUMENT # N37699						01-22-2008 90081 029 ****61.25																											
1. Entity Name CRYSTAL RIVER VILLAGE HOMEOWNERS ASSOCIATION, INC.																																	
Principal Place of Business 1601 SE 8TH AVE LOT 314 CRYSTAL RIVER, FL 34429 US				Mailing Address 1601 SE 8TH AVE LOT 314 CRYSTAL RIVER, FL 34429 US																													
2. Principal Place of Business - No P.O. Box #				3. Mailing Address																													
Suite, Apt. #, etc.				Suite, Apt. #, etc.																													
City & State				City & State																													
Zip		Country		Zip		Country																											
6. Name and Address of Current Registered Agent POLISSON, CAROLE N 1601 S.E. 8TH AVE. LOT # 314 CRYSTAL RIVER, FL 34429				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>																													
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 _____ <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, 2008				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																													
<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 5%;">T</td><td style="width: 75%;">Delete <input type="checkbox"/></td></tr><tr><td>NAME</td><td></td><td>POLISSON, CAROLE N</td></tr><tr><td>STREET ADDRESS</td><td></td><td>1601 SE 8TH AVE, LOT 314</td></tr><tr><td>CITY - ST - ZIP</td><td></td><td>CRYSTAL RIVER, FL 34429</td></tr></table>				TITLE	T	Delete <input type="checkbox"/>	NAME		POLISSON, CAROLE N	STREET ADDRESS		1601 SE 8TH AVE, LOT 314	CITY - ST - ZIP		CRYSTAL RIVER, FL 34429	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 5%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr><tr><td>NAME</td><td></td><td>President</td></tr><tr><td>STREET ADDRESS</td><td></td><td>Preston Carl</td></tr><tr><td>CITY - ST - ZIP</td><td></td><td>1601 SE 8th Ave Lot 340</td></tr><tr><td></td><td></td><td>CRYSTAL RIVER, FL 34429</td></tr></table>				TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		President	STREET ADDRESS		Preston Carl	CITY - ST - ZIP		1601 SE 8th Ave Lot 340			CRYSTAL RIVER, FL 34429
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TITLE	V	Delete <input type="checkbox"/>																															
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Carole Nye Polisson</u> CAROLE Nye Polisson 352-795-1070																																	