FILE NOW: FILING

NONPROFIT CORPORATION ANNUAL REPORT

1997



PARTMEN OF STATE

Secretary of St. 6

DIVISION OF CORPO ATIONS

.25

FILED May 20 1997 8:00am Secretary of State

DOCUMENT # N4145

(3)

CRYSTAL SPRINGS PROPERTY OWNERS' ASSOCIATION, IN C.

Mailing Address Principal Place of Business 1730 KINGSLEY AVE 1730 KINGSLEY AVE SUITE E **SUITE E** ORANGE PARK FL 32073-4417 ORANGE PARK FL 32073 3. Date Incorporated or Qualified ate of Last Rep 09/05/1996 12/28/1990 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FORD, ROBERT A 82 Street Address (P.O. Box Number is Not Acceptable) 10110 SAN JOSE BLVD 83 JACKSONVILLE FL 32257 Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agont and title (i applicable. (NOTE: Registered Agont signature required when reinstating) DATE							
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Ď	DELETE	1,1 TITLE		☐ Change	Addition	
NAME	WOOD, JAMES RICKY		1,2 NAME				
STREET ADDRESS	1730 KINGSLEY AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORANGE PARK FL 32073		1.4 CITY - ST - ZIP				
TITLE	D	DELETE	217ffLE		Change	☐ Addition	
NAME	GREGG, JAMESOMN L.		2.2 NAME				
STREET ADDRESS	777 GLOUCESTER ST.,#200		2.3 STREET ADDRESS			ļ	
CITY-ST-ZIP	BRUNSWICK GA 31521		2, 4 CITY - ST - ZIP				
TITLE	_	DELETÉ	3.1 TITLE		☐ Change	Addition	
NAME	Jones, A.W., III		3,2 NAME				
STREET ADDRESS	100 FIRST STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	SEA ISLAND GA 31521		3.4. CITY-ST-ZIP				
TITLE	Ε	DELETE	4.1 TITLE		Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE	<u>L</u>	DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STHEET ADDRESS				
CITY-ST-ZIP		_	5.4 CITY-ST-ZIP				
TITLE	[DELETE	6.1 TITLE		Change	Addition	
NAME	ı		6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP		w	6.4,CITY-ST-ZIP				

14. I do hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information Indicated on this annual port or supplemental annual 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 cornoration or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 12 inchanged, or on an attachment with an address.

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