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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41458 (3)
1. Corporation Name
CRYSTAL SPRINGS PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business 1730 KINGSLEY AVE SUITE E ORANGE PARK FL 32073	Mailing Address 1730 KINGSLEY AVE SUITE E ORANGE PARK FL 32073
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3. Date Incorporated or Qualified 12/28/1990
4. FEI Number 59-3445562
Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 P O Box 6758	2a. Mailing Address 26 P O Box 6758
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P O Box 6758
City & State 23 Jacksonville FL	City & State 28 Jacksonville FL
Zip 24 32236	Country 25 Duval
Zip 29 32236	Country 30 Duval

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FORD, ROBERT A
10110 SAN JOSE BLVD
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, JAMES RICKY	
STREET ADDRESS	1730 KINGSLEY AVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREGG, JAMESOMN L.	
STREET ADDRESS	777 GLOUCESTER ST., #200	
CITY-ST-ZIP	BRUNSWICK GA 31521	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, A.W., III	
STREET ADDRESS	100 FIRST STREET	
CITY-ST-ZIP	SEA ISLAND GA 31521	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jeffrey L. Howell	
1.3 STREET ADDRESS	9695 Hersham Ct	
1.4 CITY-ST-ZIP	Jacksonville FL 32221	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAULA M. GRIFFIN	
2.3 STREET ADDRESS	558 PURCELL DR.	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32221	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Daniel Baacke	
3.3 STREET ADDRESS	9647 Hersham Ct	
3.4 CITY-ST-ZIP	Jacksonville FL 32221	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Thomas Shelton	
4.3 STREET ADDRESS	4677 Waterloo Place	
4.4 CITY-ST-ZIP	Jacksonville FL 32221	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 report 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Jeffrey L. Howell** **Jeffrey L. Howell** 3-25-98 904-788-2696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone * 0001096

CR2E037 (10/97)