

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90030 017 \*\*\*\*70.00

**DOCUMENT # N41790**

1. Entity Name  
**CRYSTAL POINTE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
6220 W. CORPORATE OAKS DRIVE  
CRYSTAL RIVER, FL 34429-8723

Mailing Address  
6220 W. CORPORATE OAKS DRIVE  
CRYSTAL RIVER, FL 34429-8723

**60024560**



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

04142008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2919452**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHLUMBERGER, ROBERT**  
**6220 W. CORPORATE OAKS DR**  
**CRYSTAL RIVER, FL 34429-8713**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete  
NAME **BLUEDORN, CAROL**  
STREET ADDRESS **7884 W. TUMBLE BROOK DRIVE**  
CITY-ST-ZIP **DUNNELLON, FL 34433**

TITLE **PD** ☒ Delete  
NAME **RICHARDS, GORDON**  
STREET ADDRESS **7832 W FOSTORIA DR**  
CITY-ST-ZIP **DUNNELLON, FL 34433**

TITLE **SD** ☐ Delete  
NAME **THOMAS, JOYCE**  
STREET ADDRESS **8380 N SHADY FORK WAY**  
CITY-ST-ZIP **DUNNELLON, FL 34433**

TITLE **D** ☐ Delete  
NAME **BAKER, RICHARD**  
STREET ADDRESS **8314 N. FAIRWAY TERRACE**  
CITY-ST-ZIP **DUNNELLON, FL 34433**

TITLE **VPD** ☒ Delete  
NAME **HUETT, BOYD**  
STREET ADDRESS **7899 W FOSTORIA DR**  
CITY-ST-ZIP **DUNNELLON, FL 34433**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition  
NAME **BARBA, ROBERT R**  
STREET ADDRESS **9742 SW 196th AVE RD**  
CITY-ST-ZIP **DUNNELLON FL 34432**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition  
NAME **DOHERTY, EILEEN**  
STREET ADDRESS **7845 W TUMBLEBROOK DR**  
CITY-ST-ZIP **DUNNELLON FL 34433-4439**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 reports 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/08**

Date

**352-795-3691**

Daytime Phone #