

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90044 018 \*\*\*\*61.25

**DOCUMENT # N42547**

1. Entity Name

CRYSTAL WATERS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

19 CRYSTAL WATERS DR  
WINTER HAVEN FL 33880  
US

Mailing Address

19 CRYSTAL WATERS DR  
WINTER HAVEN FL 33880  
US

2. Principal Place of Business

2355 Crystal Beach Rd  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1931  
Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

Winter Haven, FL

City & State

Winter Haven, FL

4. FEI Number

59-3190818

Applied For

Not Applicable

Zip

33880

Country

USA

Zip

33883

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLINE, DEBRA L.  
146 AVENUE B., N.W.  
WINTER HAVEBN FL 33881

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HUNTER, JEFF	
STREET ADDRESS	10 CRYSTAL WATER DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CLAY, ANITA	
STREET ADDRESS	1 CRYSTAL WATERS DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	LYONS, JANE	
STREET ADDRESS	19 CRYSTAL WATERS DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EASON, CHESTER	
STREET ADDRESS	17 CRYSTAL WATERS DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, DON	
STREET ADDRESS	12 CRYSTAL WATERS DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Smith	
STREET ADDRESS	7 Crystal Waters Dr.	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White, Don	
STREET ADDRESS	12 Crystal Waters Dr.	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Whitmore, Beverly	
STREET ADDRESS	P.O. Box 1931, 2355 Crystal Beach Rd.	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wood, Robert	
STREET ADDRESS	5 Crystal Waters Dr.	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Echemendia, Rafael	
STREET ADDRESS	15 Crystal Waters Dr.	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:**

*Jane R. Lyons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-05 863-299-1640

Date

Daytime Phone #