

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90820 021 ****61.25

DOCUMENT # N42547 1. Entity Name CRYSTAL WATERS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2355 CRYSTAL BEACH RD WINTER HAVEN, FL 33880 US			Mailing Address P.O. BOX 1931 WINTER HAVEN, FL 33883 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3190818	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CLINE, DEBRA L. 146 AVENUE B., N.W. WINTER HAVEN, 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, JERRY <input checked="" type="checkbox"/> Delete 7 CRYSTAL WATER DR WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wood, Robert 5 Crystal Waters Dr Winter Haven FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHITE, DON <input type="checkbox"/> Delete 12 CRYSTAL WATERS DR WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition White, Don 12 Crystal Waters Dr Winter Haven FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHITMIRE, BEVERLY <input type="checkbox"/> Delete P.O. BOX 1931, 2355 CRYSTAL BEACH RD WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition Whitmire, Beverly Po Box 1931, 2355 Crystal Beach Rd Winter Haven FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, ROBERT <input type="checkbox"/> Delete 5 CRYSTAL WATERS DR WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Deason, Chester 17 Crystal Waters Dr Winter Haven FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WHITE, DON 12 CRYSTAL WATERS DR. WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bamberg, Earl Jr 8 Crystal Waters Dr Winter Haven FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Beverly J Whitmire</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/26/07 (863) 299-7149 <small>Date Daytime Phone #</small>		