

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90026 020 ****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 5 Crystal Waters WINTER HAVEN, FL 33883 US 33880		
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"/>		\$8.75 Additional Fee Required			
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, 2008		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 D NAME BAMBERG, EARL JR STREET ADDRESS 17 CRYSTAL WATERS DR CITY-ST-ZIP WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Vicki Wood STREET ADDRESS 5 Crystal Waters CITY-ST-ZIP Winter Haven, FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME WHITE, DON STREET ADDRESS 12 CRYSTAL WATERS DR CITY-ST-ZIP WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete		TITLE President NAME Jeff Hunter STREET ADDRESS 12 Crystal Waters CITY-ST-ZIP Winter Haven, FL 33880	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME WHITMIRE, BEVERLY STREET ADDRESS P.O. BOX 1931, 2355 CRYSTAL BEACH RD CITY-ST-ZIP WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete		TITLE member at Large NAME Glen Thadley STREET ADDRESS 6 Crystal Waters CITY-ST-ZIP Winter Haven, FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME WOOD, ROBERT STREET ADDRESS 5 CRYSTAL WATERS DR CITY-ST-ZIP WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME EASON, CHESTER STREET ADDRESS 17 CRYSTAL WATERS DR. CITY-ST-ZIP WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: <i>Vicki Wood</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/13/08 Daytime Phone #: (863) 299-2913		

Vicki Wood - Secretary/Treasurer