

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42664

FILED  
Mar 28, 2005  
Secretary of State

**Entity Name:** CROOKED LAKE RIDGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST STATE ROAD 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST STATE ROAD 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

**FEI Number:** 59-3057941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MGMT INC  
2180 W SR 434 #500  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOEHLE, MARYANNE  
Address: 2619 MAYWOOD ST  
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Delete  
Name: RAND, CAROL  
Address: 2705 MAYWOOD ST  
City-St-Zip: EUSTIS, FL 32726

Title: STD ( ) Delete  
Name: MATTHEWS, BRUCE  
Address: 305 EASTRIDGE DR  
City-St-Zip: EUSTIS, FL 32726

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MATTHEWS, BRUCE  
Address: 305 EASTRIDGE DR  
City-St-Zip: EUSTIS, FL 32726

Title: VPD (X) Change ( ) Addition  
Name: GALUSZA, ELIZABETH  
Address: 313 EASTRIDGE DR  
City-St-Zip: EUSTIS, FL 32726

Title: SD (X) Change ( ) Addition  
Name: ADAMS, BOB  
Address: 111 MADRONA DR  
City-St-Zip: EUSTIS, FL 32726

Title: TD ( ) Change (X) Addition  
Name: DWORKEN, STEVEN  
Address: 117 MADRONA DR  
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Change (X) Addition  
Name: DILORENZO, MEL  
Address: 113 MADRONA DR  
City-St-Zip: EUSTIS, FL 32726

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE MATTHEWS

PD

03/28/2005

Electronic Signature of Signing Officer or Director

Date