

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42664

FILED
Apr 13, 2006
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: MATTHEWS, BRUCE
Address: 305 EASTRIDGE DR
City-St-Zip: EUSTIS, FL 32726

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARCHO, MICHAEL B
Address: 110 VISTA AVE
City-St-Zip: EUSTIS, FL 32726

Title: VPD (X) Change () Addition
Name: LE BEHRZ, DIANA
Address: 137 MADRONA DR
City-St-Zip: EUSTIS, FL 32726

Title: SD (X) Change () Addition
Name: TROENDLE, HEIDI
Address: 121 MADRONA DR
City-St-Zip: EUSTIS, FL 32726

Title: TD (X) Change () Addition
Name: CHOROSINSKI, EUGENE C
Address: 131 MADRONA DR
City-St-Zip: EUSTIS, FL 32726

Title: D (X) Change () Addition
Name: FORD, HERBERT
Address: 102 VISTA AVE
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 Chapter 119, 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: MICHAEL BRUCE MARCHO

PD

04/13/2006

Electronic Signature of Signing Officer or Director

Date