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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49076** (5)

1. Corporation Name

CRYSTAL RIVER USER'S GROUP, INC.



Principal Place of Business

Mailing Address

**8061 N GOLFVIEW DR
CITRUS FL 34434
US**

**P.O BOX 2108
CRYSTAL RIVER FL 34423-2108
US**

3. Date Incorporated or Qualified

06/01/1992

4. FEI Number

59-2977687

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEAVER, LARRY
8061 N GOLFVIEW DR
CITRUS SPRINGS FL 34434**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KASPER, TIMOTHY	
STREET ADDRESS	1154 E TRIPLE CROWN LP	
CITY-ST-ZIP	HERNANDO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	VEGA, WALTER	
STREET ADDRESS	10 SALVIA CT	
CITY-ST-ZIP	HOMOSASSA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRETT, RICHARD	
STREET ADDRESS	6205 W GWEN LANE	
CITY-ST-ZIP	HOMOSASSA FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	WEAVER, LARRY	
STREET ADDRESS	8061 N GOLFVIEW DR	
CITY-ST-ZIP	CITRUS SPRINGS FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	WELSH, JOSIE	
STREET ADDRESS	2 SALVIA CT W	
CITY-ST-ZIP	HOMOSASSA FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, WM.	
STREET ADDRESS	1550 N MARLBOROUGH LOOP	
CITY-ST-ZIP	CRYSTAL RIVER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Richard Bromley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	401 N. Turkey Pine Loop	
1.3 STREET ADDRESS	Lecanto, FL	
1.4 CITY-ST-ZIP	34461	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	John Cooksey	
6.3 STREET ADDRESS	3956 N. Huckleberry Point	
6.4 CITY-ST-ZIP	Beverly Hills, FL 34465	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Larry Weaver* **LARRY WEAVER**

1-8-98 (352) 489-6465

CR2E037 (10/97)