2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N49617

Entity Name: CRYSTAL SPRINGS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1655 PARTRIDGE BLVD.
CRYSTAL SPRINGS, FL 33524 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 197
CRYSTAL SPRINGS, FL 33524 US

New Mailing Address:

FEI Number: 59-2999532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORNELIUS, CYNTHIA
39642 AMBER AVE
CRYSTAL SPRINGS, FL 33524 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: D ( ) Delete
Name: CARMAN, GEORGE
Address: 1538 OLD CRYSTAL SPRINGS RD
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: P ( ) Delete
Name: BROOKS, ANNETTE
Address: 40627 JERRY ROAD
City-St-Zip: ZEPHRHILLS, FL

Title: D ( ) Delete
Name: KERBYSON, WAYNE
Address: 39730 BAY AVE.
City-St-Zip: CRYSTAL SPRINGS, FL 33524

Title: D ( ) Delete
Name: BLANKINSHIP, BETTY
Address: BAY AVE PO BOX 144
City-St-Zip: CRYSTAL SPRINGS, FL 33524

Title: T ( ) Delete
Name: WAGNER, JUDY
Address: 40411 JERRY RD
City-St-Zip: ZEPHYRHILLS, FL 33540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANNETTE BROOKS P 01/14/2009

Electronic Signature of Signing Officer or Director Date