


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2005 8:00 am
Secretary of State

06-24-2005 90001 031 ****61.25

DOCUMENT # N50036 1. Entity Name CRYSTAL LAKE ESTATES COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 156 ESTATES CIRCLE LAKE MARY, FL 32746 US			Mailing Address 156 ESTATES CIRCLE LAKE MARY, FL 32746 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3134753	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OSWALD, KENNETH F. 600 COURTLAND STREET SUITE 110 ORLANDO, FL 32804			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, TOMMY		NAME	WILL HENDERSON	
STREET ADDRESS	115 ESTATES CIR		STREET ADDRESS	104 ESTATES CIRCLE	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY FL. 32746	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIRD, MATT		NAME	PAUL MOORE	
STREET ADDRESS	141 ESTATES CIR		STREET ADDRESS	154 ESTATES CIRCLE	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY FL. 32746	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, TORY		NAME	LISA HENDERSON	
STREET ADDRESS	115 ESTATES CIR		STREET ADDRESS	104 ESTATES CIRCLE	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY FL. 32746	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVER, STEVE		NAME	RICK COFRANCESCO	
STREET ADDRESS	136 ESTATES CIR		STREET ADDRESS	122 ESTATES CIRCLE	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY, FL. 32746	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, RICHARD		NAME	LOUISE WILSON	
STREET ADDRESS	114 ESTATES CIR		STREET ADDRESS	138 ESTATES CIRCLE	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY, FL. 32746	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date	Daytime Phone #