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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000179 (3)**

1. Corporation Name

CRYSTAL LAKE ESTATES OWNER'S ASSOCIATION, INC.

Principal Place of Business

**102 BAYSHORE DRIVE
NICEVILLE FL 33578**

Mailing Address

**102 BAYSHORE DRIVE
NICEVILLE FL 32578-2421
US**

3. Date Incorporated or Qualified
11/09/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 102 CRYSTAL LAKE LN.

Suite, Apt. #, etc.

22

City & State

23 VALPARAISO, FL

Zip

24 32580

Country

25 OKALOOSA

2a. Mailing Address

26 102 CRYSTAL LAKE LN.

Suite, Apt. #, etc.

27

City & State

28 VALPARAISO, FL

Zip

29 32580

Country

30 OKALOOSA

4. FEI Number
59-3172982

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**• MOORE, BERT
%MOORE KESSLER & MOORE
102 BAYSHORE DRIVE
NICEVILLE FL 33578**

10. Name and Address of New Registered Agent

81 Name

WILLIAM K. SIMPSON

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

102 CRYSTAL LAKE LANE

83

City

VALPARAISO

FL

85 Zip Code

32580

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8 MAY 97

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **SMITH, WAYNE L**
STREET ADDRESS **114 CRYSTAL LAKE LANE**
CITY-ST-ZIP **VALPARAISO FL**

TITLE **VOP** ☐ DELETE

NAME **DRIGGERS, KENNETH**
STREET ADDRESS **109 CRYSTAL LAKE LANE**
CITY-ST-ZIP **VALPARAISO FL**

TITLE **SD** ☐ DELETE

NAME **SIMPSON, WILLIAM K**
STREET ADDRESS **108 CRYSTAL LAKE LANE**
CITY-ST-ZIP **VALPARAISO FL**

TITLE **TD** ☐ DELETE

NAME **SIMPSON, WILLIAM K**
STREET ADDRESS **108 CRYSTAL LAKE LANE**
CITY-ST-ZIP **VALPARAISO FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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: *William K. Simpson* **WILLIAM K. SIMPSON 19 APR 97 850-892 3478**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0074619**

CR2E037 (9/96)