


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90072 009 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N92000000179</b>					
1. Corporation Name <b>CRYSTAL LAKE ESTATES OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>108 CRYSTAL LAKE LN VALPARAISO FL 32580 US</b>			Mailing Address <b>108 CRYSTAL LAKE LN VALPARAISO FL 32580 US</b>		



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		3. Date Incorporated or Qualified <b>11/09/1992</b>	
				4. FEI Number <b>59-3172982</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>SIMPSON, WILLIAM K 108 CRYSTAL LAKE LN VALPARAISO FL 32580</b>				10. Name and Address of New Registered Agent	
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, WAYNE L			1.2 NAME	SHARP, TRACEY		
STREET ADDRESS	114 CRYSTAL LAKE LANE			1.3 STREET ADDRESS	117 CRYSTAL LAKE LANE		
CITY-ST-ZIP	VALPARAISO FL			1.4 CITY-ST-ZIP	VALPARAISO, FL 32580		
TITLE	VOP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VOP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRIGGERS, KENNETH			2.2 NAME	CARROLL, WILLIAM J.		
STREET ADDRESS	109 CRYSTAL LAKE LANE			2.3 STREET ADDRESS	110 CRYSTAL LAKE LANE		
CITY-ST-ZIP	VALPARAISO FL			2.4 CITY-ST-ZIP	VALPARAISO, FL 32580		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMPSON, WILLIAM K			3.2 NAME			
STREET ADDRESS	108 CRYSTAL LAKE LANE			3.3 STREET ADDRESS			
CITY-ST-ZIP	VALPARAISO FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMPSON, WILLIAM K			4.2 NAME			
STREET ADDRESS	108 CRYSTAL LAKE LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	VALPARAISO FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: WILLIAM K. SIMPSON 4/4/99 850-974-1320  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #