

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90013 028 ****61.25

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1. Entity Name

CRYSTAL LAKE ESTATES OWNER'S ASSOCIATION, INC.



Principal Place of Business

108 CRYSTAL LAKE LN
VALPARAISO FL 32580
US

Mailing Address

108 CRYSTAL LAKE LN
VALPARAISO FL 32580
US

44023422



MOORE CR2E037 (11/03)

2. Principal Place of Business

122 Crystal Lake Ln
Suite, Apt. #, etc.

3. Mailing Address

122 Crystal Lake Ln
Suite, Apt. #, etc.

City & State

Valparaiso, FL

City & State

Valparaiso, FL

4. FEI Number

59-3172982

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, WILLIAM K
108 CRYSTAL LAKE LN
VALPARAISO FL 32580

7. Name and Address of New Registered Agent

Name Clyde Ellis

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

122 Crystal Lake Ln.

City Valparaiso

FL

Zip Code 32580

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

Clyde Ellis

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHARP, TRAVEY	
STREET ADDRESS	117 CRYSTAL LAKE LANE	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	VOP	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM, CARROLL J	
STREET ADDRESS	109 CRYSTAL LAKE LANE	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SIMPSON, WILLIAM K	
STREET ADDRESS	108 CRYSTAL LAKE LANE	
CITY-ST-ZIP	VALPARAISO FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SIMPSON, WILLIAM K	
STREET ADDRESS	108 CRYSTAL LAKE LANE	
CITY-ST-ZIP	VALPARAISO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clyde Ellis	
STREET ADDRESS	122 Crystal Lake Ln	
CITY-ST-ZIP	Valparaiso, FL 32580	
TITLE	VOP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Peters	
STREET ADDRESS	120 Crystal Lake Ln	
CITY-ST-ZIP	Valparaiso, FL 32580	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tammy Peters	
STREET ADDRESS	120 Crystal Lake Ln.	
CITY-ST-ZIP	Valparaiso, FL 32580	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Tammy L Peters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04

Date

(850) 678-5380

Daytime Phone #