

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90152 038 ****61.25

DOCUMENT # N92000000179

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**

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 **59-3172982**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMPSON, WILLIAM K
108 CRYSTAL LAKE LN
VALPARAISO FL 32580**

Name

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

City

FL

Zip Code

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

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
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/13

850-217-7320

Date

Daytime Phone #

CR2E037 (4/03)