2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008
Secretary of State

DOCUMENT# N92000000780

Entity Name: CRYSTAL RIDGE ASSOCIATION, INC.

Current Principal Place of Business:

1685 CHANDELIER CIRCLE E
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 351287
JACKSONVILLE, FL 32235 US

New Mailing Address:

FEI Number: 59-3169581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLYNN, TAMMY D
1793 CHANDELIER CIR E
JACKSONVILLE, FL 32235 US

Name and Address of New Registered Agent:

FLYNN, TAMMY D
1793 CHANDELIER CIR E
JACKSONVILLE, FL 32225 US

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.

SIGNATURE: _____ 02/29/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: FLYNN, TAMMY
Address: 1793 CHANDELIER CIR E
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD ( ) Delete
Name: FLYNN, DARRYL
Address: 1793 CHANDELIER CIR E.
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD ( ) Delete
Name: SMITH, CELINE
Address: 1685 CHANDELIER CIR E
City-St-Zip: JACKSONVILLE, FL 32225

Title: PD ( ) Delete
Name: SMITH, RICK
Address: 1685 CHANDELIER CIR E
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY D FLYNN TD 02/29/2008
Electronic Signature of Signing Officer or Director — Date