2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000780

Entity Name: CRYSTAL RIDGE ASSOCIATION, INC.

Apr 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1685 CHANDELIER CIRCLE E 12187 BEACH BLVD. JACKSONVILLE, FL 32225

JACKSONVILLE, FL 32246

Current Mailing Address: New Mailing Address:

P.O. BOX 351287 12620-3 BEACH BLVD. #301 JACKSONVILLE, FL 32235 US JACKSONVILLE, FL 32246 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLYNN, TAMMY D JARNUTOWSKI, SHERRIE 1793 CHANDELIER CIR E 12620-3 BEACH BLVD. #301 JACKSONVILLE, FL 32225 US US JACKSONVILLE, FL 32246

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: SHERRIE JARNUTOWSKI 04/23/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition FLYNN, TAMMY ANDREWS, MATTHEW Name: Name: 1793 CHANDELIER CIR E Address: 12620-3 BEACH BLVD. #301 Address:

City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32246

Title: VD () Delete Title: (X) Change () Addition Name: FLYNN, DARRYL Name: HEYWOOD, HEATHER

Address: 1793 CHANDELIER CIR E. Address: 12620-3 BEACH BLVD. #301 City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32246

Title: () Delete Title: (X) Change () Addition

SMITH, CELINE GARCIA, ELIZABETH Name: Name: 1685 CHANDELIER CIR E Address: Address: 12620-3 BEACH BLVD. #301 City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32246

Title: PD (X) Delete Title: () Change () Addition

SMITH, RICK Name: 1685 CHANDELIER CIR E Address: JACKSONVILLE, FL 32225 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: SHERRIE JARNUTOWSKI RΑ 04/23/2009