2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000003424

1. Entity Name
CRYSTAL PARADISE ESTATES CIVIC ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 15 PM 12:13

03/14/06--01055--003 **70.00

Principal Place of Business	Mailing Address
7331 W. PINEBROOK ST CRYSTAL RIVER, FL 34429	7331 W. PINEBROOK ST CRYSTAL RIVER, FL 34429

2. Principal Place of Business	3. Mailing Address
403 N VENTURI AVE	403 N VENTURI AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
CRYSTAL RIVER, FL	CRYSTAL RIVER, FL
Zip 34429 Country CITRUS	Zip 34429 Country CITRUS

03042006 Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PHIFER, GERRY 7331 W. PINEBROOK ST CRYSTAL RIVER, FL 34429	Name: BARBARA THOMAS Street Address (P.O. Box Number is Not Acceptable): 403 N VENTURI AVE City: CRYSTAL RIVER FL Zip Code: 34429

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: Barbara Thomas
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GARRY, STEVEN 4075 N. PONY DRIVE BEVERLY HILLS, FL 34465	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROSEMARY ZWEIGBAUM 625 N. GOLF COURSE DRIVE CRYSTAL RIVER, FL 34429	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PHIFER, GERRY 7331 W. PINEBROOK ST. CRYSTAL RIVER, FL 34429	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CATHY DAVI 623 N McGOWAN CRYSTAL RIVER, FL 34429	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZWEIGBAUM, ROSEMARY 625 N. GOLF COURSE DRIVE CRYSTAL RIVER, FL 34429	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARBARA THOMAS 403 N VENTURI AVE CRYSTAL RIVER, FL 34429	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOSELEY, YETTA 123 N. MCGOWAN AVE CRYSTAL RIVER, FL 34429	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MIDGE DUPREE 7606 W. GOLF CLUB ST. CRYSTAL RIVER, FL 34429	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Barbara Thomas 352-795-4833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #