

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000003424**

1. Entity Name

CRYSTAL PARADISE ESTATES CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

403 NORTH VENTURI AVENUE  
CRYSTAL RIVER FL 34429

403 NORTH VENTURI AVENUE  
CRYSTAL RIVER FL 34429

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T 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

THOMAS, BARBARA  
403 NORTH VENTURI AVENUE  
CRYSTAL RIVER FL 34429

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**  
**Due By May 1, 2007**

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 VPD ☐ Delete  
NAME ZWEIGBAUM, ROSEMARY  
STREET ADDRESS 625 NORTH GOLF COURSE DRIVE  
CITY-STATE-ZIP CRYSTAL RIVER FL 34429

TITLE SD ☐ Delete  
NAME DAVI, CATHY  
STREET ADDRESS 623 NORTH MC GOWEN  
CITY-STATE-ZIP CRYSTAL RIVER FL 34429

TITLE PD ☐ Delete  
NAME THOMAS, BARBARA  
STREET ADDRESS 403 NORTH VENTURI AVENUE  
CITY-STATE-ZIP CRYSTAL RIVER FL 34429

TITLE TD ☐ Delete  
NAME DUPOREE, MIDGE  
STREET ADDRESS 7606 WEST GOLF CLUB STREET  
CITY-STATE-ZIP CRYSTAL RIVER FL 34429

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME U000000634649  
STREET ADDRESS 02/22/07-80020-013 61.25  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 S. Thomas*

*2-10-07 352-795-4833*