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Mar 18, 2008 8:00 am
Secretary of State
02-26-2008 90007 050 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N95000003424

1. Entity Name

CRYSTAL PARADISE ESTATES CIVIC ASSOCIATION, INC.

66004181

Principal Place of Business	Mailing Address
7722 W. Golf Club St. ~~403 NORTH VENTURI AVENUE~~ CRYSTAL RIVER FL 34429	7722 W. Golf Club St. ~~403 NORTH VENTURI AVENUE~~ CRYSTAL RIVER FL 34429

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7722 W. Golf Club St.	7722 W. Golf Club St.
Suite, Apt. #, etc. Fl.	Suite, Apt. #, etc.
City & State Crystal River Fl.	City & State Crystal River, Fl.
Zip 34429 Country USA	Zip 34429 Country USA

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

THOMAS, BARBARA
403 NORTH VENTURI AVENUE
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name: Charles P. Slaughter
Street Address (P.O. Box Numbers Not Acceptable): 7722 W. Golf Club St.
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: Charles P Slaughter DATE: 07-02-2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: The registered Agent signature is required when reinstating)

FILE NOW: FEE IS $61.25 Due By May 1, 2008

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 ZWEIGBAUM, ROSEMARY 625 NORTH GOLF COURSE DRIVE CRYSTAL RIVER FL 34429	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Joe Davi 623 N. McGowan Ave. Crystal River, Fl. 34429	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DAVI, CATHY 623 NORTH MC GOWEN CRYSTYAL RIVER FL 34429	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Charles P. Slaughter 7722 W. Golf Club St. Crystal River, Fl. 34429	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMAS, BARBARA 403 NORTH VENTURI AVENUE CRYSTAL RIVER FL 34429	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD June Slaughter 7722 W. Golf Club St. Crystal River, Fl. 34429	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DUPOREE, MIDGE 7606 WEST GOLF CLUB STREET CRYSTAL RIVER FL 34429	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Dottie Round 315 N McGowanave. 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 Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 11 above, or on an attachment with an entity name, if directed by this form.

Charles P Slaughter 03-10-08