

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001985

FILED
Apr 13, 2005
Secretary of State

Entity Name: CRYSTAL COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3415332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAWKINS, LORETTA
Address: 5064 MALLARD POND CT
City-St-Zip: ORLANDO, FL 32808

Title: VTD () Delete
Name: WILLIAMS, RON
Address: 5033 MALLARD POND CT
City-St-Zip: ORLANDO, FL 32808

Title: SD () Delete
Name: PERDOMO, JEREMY
Address: 5061 FOXCROFT CT
City-St-Zip: ORLANDO, FL 32808

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COZIER, GERALD
Address: 4647 WESTGROVE WAY
City-St-Zip: ORLANDO, FL 32808

Title: VPD (X) Change () Addition
Name: MONTGOMERY, PAT
Address: 4579 WESTGROVE WAY
City-St-Zip: ORLANDO, FL 32808

Title: SD (X) Change () Addition
Name: CINTRON, ELSIE
Address: 5089 FOXCROFT CT
City-St-Zip: ORLANDO, FL 32808

Title: D () Change (X) Addition
Name: WILLIAMS, RON
Address: 5033 MALLARD POND CT
City-St-Zip: ORLANDO, FL 32808

Title: D () Change (X) Addition
Name: WOODARD, JEWELL
Address: 5056 MALLARD POND CT
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GERALD COZIER

PD

04/13/2005

Electronic Signature of Signing Officer or Director

Date