

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001985

FILED  
May 01, 2007  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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: COZIER, GERALD  
Address: 4647 WESTGROVE WAY  
City-St-Zip: ORLANDO, FL 32808

Title: VPTD ( ) Delete  
Name: MONTGOMERY, PAT  
Address: 4579 WESTGROVE WAY  
City-St-Zip: ORLANDO, FL 32808

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: ROBINSON, JANICE  
Address: 5049 FOXCROFT CT  
City-St-Zip: ORLANDO, FL 32808

Title: D (X) Change ( ) Addition  
Name: REID, MARY  
Address: 5001 MALLARD POND CT  
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JEWELL WOODARD

PD

05/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date