

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

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90041 031 ****61.25

DOCUMENT # N96000002918

1. Entity Name

CRYSTAL CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

3001 CRYSTAL CREEK BLVD.
ORLANDO FL 32837

Mailing Address

POST OFFICE BOX 770344
ORLANDO FL 32837



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

59-3466368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERRIE, CAROL
3200 CRYSTAL CREEK BLVD
ORLANDO FL 32837

7. Name and Address of New Registered Agent

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	VP	<input type="checkbox"/> Delete
NAME	OKO, PAM	
STREET ADDRESS	3208 CRYSTAL CREEK BLVD	
CITY-STATE-ZIP	ORLANDO FL 32837	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIVES, MIKE	
STREET ADDRESS	3137 CRYSTAL CREEK BLVD	
CITY-STATE-ZIP	ORLANDO FL 32837	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CANNATI, NICK	
STREET ADDRESS	3124 CRYSTAL CREEK BLVD	
CITY-STATE-ZIP	ORLANDO FL 32837	
TITLE	DT FERRIE, CAROL	<input type="checkbox"/> Delete
NAME	FERRIE, CAROL	
STREET ADDRESS	3001 CRYSTAL CREEK BLVD	
CITY-STATE-ZIP	ORLANDO FL 32837	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CANNATI, CATHLINE	
STREET ADDRESS	3137 CRYSTAL CREEK BLVD	
CITY-STATE-ZIP	ORLANDO FL 32831	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Caroline Cannati
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/07 407 341 7229