

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000594

FILED
Sep 08, 2004
Secretary of State**Entity Name:** CRYSTAL HILLS MINI FARMS - UNIT IV PROPERTY OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**1791 E. ZYRIAN PLACE
HERNANDO, FL 34442**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 1022
HERNANDO, FL 34442**New Mailing Address:****FEI Number:** 65-0814412**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HUTCHINSON-MATHIAS, TINA M
1791 E. ZYRIAN PLACE
HERNANDO, FL 34442 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: WILLIAMS, CHRISTOPHER G
Address: 5175 N ALABASTER DR
City-St-Zip: HERNANDO, FL 34442

Title: STD () Delete
Name: HUTCHINSON-MATHIAS, TINA M
Address: 1791 E ZYRIAN PL
City-St-Zip: HERNANDO, FL 34442

Title: DV () Delete
Name: MATHIAS, SAMUEL J
Address: 1791 E ZYRIAN PL
City-St-Zip: HERNANDO, FL 34442

Title: DV (X) Delete
Name: JENKS, STEVEN D
Address: 5001 N ALABASTER DR
City-St-Zip: HERNANDO, FL 34442

Title: ASD (X) Delete
Name: WILLIAMS, TAMMY L
Address: 5175 N ALABASTER DR
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JENKS, STEVEN D
Address: 5001 N. ALABASTER DRIVE
City-St-Zip: HERNANDO, FL 34442

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TINA M. HUTCHINSON-MATHIAS

STD

09/08/2004

Electronic Signature of Signing Officer or Director_____
Date