

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90132 023 \*\*\*\*61.25

<b>DOCUMENT # N98000003023</b>					
<b>1. Entity Name</b> CRYSTAL CREEK PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266			<b>Mailing Address</b> 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03162006 Chg-NP CR2E037 (11/05)	
<b>4. FEI Number</b> 59-3557606				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WALLACE, L. DENISE 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> KNOWLES, MARK A <b>STREET ADDRESS</b> 3840 CROWN POINT ROAD, SUITE A <b>CITY - ST - ZIP</b> JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Friley, Jerry <b>STREET ADDRESS</b> 1339 Summit Oaks Drive W. <b>CITY - ST - ZIP</b> Jacksonville, FL 32221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> HOLLAND, BEVERLY J <b>STREET ADDRESS</b> 3840 CROWN POINT ROAD, SUITE A <b>CITY - ST - ZIP</b> JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> Firkey, Aaron <b>STREET ADDRESS</b> 1505 Summit Oaks Drive W. <b>CITY - ST - ZIP</b> Jacksonville, FL 32221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> STD <b>NAME</b> HART, CURTIS L <b>STREET ADDRESS</b> 3840 CROWN POINT RD. STE A <b>CITY - ST - ZIP</b> JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> Hittell, Derrick A. <b>STREET ADDRESS</b> 9631 Cedar Ridge Drive E. <b>CITY - ST - ZIP</b> Jacksonville, FL 32221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> Jakob, Michael Wayne <b>STREET ADDRESS</b> 1504 Redbird Creek Drive <b>CITY - ST - ZIP</b> Jacksonville, FL 32221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b>			3/29/06 (904) 783-8053 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					