

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003531

FILED
Jan 10, 2005
Secretary of State

Entity Name: CRYSTAL RIVER COUNTRY ESTATES ASSOCIATION SOUTH, INC.

Current Principal Place of Business:

1629 N. CROOKED BRANCH
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

1629 N. CROOKED BRANCH
P O BOX 338
LECANTO, FL 34461

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GREENWAY, HAROLD
1629 N. CROOKED BRANCH
LECANTO, FL 34461 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: GREENWAY, HAROLD
Address: 1629 N. CROOKED BRANCH
City-St-Zip: LECANTO, FL 34461

Title: VP () Delete
Name: TONE, BETTY MRS
Address: 1550 N. CROOKED BRANCH
City-St-Zip: LECANTO, FL 34461

Title: SD () Delete
Name: MCINTOSH, JEANNE
Address: 2705 W. LIVE OAK ST
City-St-Zip: LECANTO, FL 34461

Title: TD () Delete
Name: JENKINS, PATSY
Address: 1897 N SQUIRREL TREE AVE
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: HAROLD GREENWAY

PD

01/10/2005

Electronic Signature of Signing Officer or Director

Date