

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000003531

1. Entity Name
**CRYSTAL RIVER COUNTRY ESTATES ASSOCIATION
SOUTH, INC.**



Principal Place of Business
**1629 N. CROOKED BRANCH
LECANTO, FL 34461**

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



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREENWAY, HAROLD
1629 N. CROOKED BRANCH
LECANTO, FL 34461**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GREENWAY, HAROLD
STREET ADDRESS 1629 N. CROOKED BRANCH
CITY-ST-ZIP LECANTO, FL 34461

TITLE VP
NAME TONE, BETTY MRS
STREET ADDRESS 1550 N. CROOKED BRANCH
CITY-ST-ZIP LECANTO, FL 34461

TITLE SD
NAME MCINTOSH, JEANNE
STREET ADDRESS 2705 W. LIVE OAK ST
CITY-ST-ZIP LECANTO, FL 34461

TITLE TD
NAME JENKINS, PATSY
STREET ADDRESS 1897 N SQUIRREL TREE AVE
CITY-ST-ZIP LECANTO, FL 34461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000384974
01/17/06-80037-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harold Greenway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-2006