

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003531

FILED  
Mar 21, 2009  
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:**

MCINTOSH, JEANNE  
2705 W LIVE OAK  
LECANTO, FL 34461 US

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: JEANNE MCINTOSH

03/21/2009

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: PD (X) Change ( ) Addition  
Name: MCINTOSH, JEANNE  
Address: 2705 WEST LIVE OAK  
City-St-Zip: LECANTO, FL 34461

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

Title: SD (X) Change ( ) Addition  
Name: MCINTOSH, JIM  
Address: 2705 W. LIVE OAK ST  
City-St-Zip: LECANTO, FL 34461

Title: TD (X) Change ( ) Addition  
Name: JENKINS, PATSY  
Address: 1704 N SQUIRREL TREE AVE  
City-St-Zip: LECANTO, FL 34461

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATSY JENKINS

TD

03/21/2009

Electronic Signature of Signing Officer or Director

Date