


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90329 023 ****61.25

DOCUMENT # N99000002953 1. Entity Name CRYSTAL CREEK OWNERS' ASSOCIATION, INC.					
Principal Place of Business 127 S. PALAFOX PL STE 200 PENSACOLA, FL 32503			Mailing Address 127 S. PALAFOX PL STE 200 PENSACOLA, FL 32503		
2. Principal Place of Business - No P.O. Box # 1719 N 9th Ave		3. Mailing Address 1719 N 9th Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pensacola FL		City & State Pensacola FL		4. FEI Number 62-1778983	
Zip 32503		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BLANKENSHIP, SUZANNE 25 W. GOVERNMENT STREET PENSACOLA, FL 32502			7. Name and Address of New Registered Agent Name: Realty Masters of FL Street Address (P.O. Box Number is Not Acceptable): 1719 N 9th Ave City: Pensacola FL Zip Code: 32503		
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: <u>Pamela A Keen</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>4/23/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGLEY, DEBRA 6793 RICKWOOD DR PENSACOLA, FL 32526		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUKES, JOHNNY 4711 CANTER ROW PENSACOLA, FL 32526		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEAN, RICHARD 6727 RICKWOOD DR. PENSACOLA, FL 32503		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <u>Debra Wrigley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>04/23/08</u> Daytime Phone #: <u>804-508-2001</u>	