## 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

## DOCUMENT # N99000006372 FILED CRYSTAL FALLS PROPERTY OWNERS' ASSOCIATION, 05 SEP 12 Pil 8: 41 SECRETALL STATA TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6363 NW 23 TERRACE 6363 NW 23 TERRACE BOCA RATON, FL 33496 BOCA RATON, FL 33496 3. Mailing Address P. O. Box 231 Suite, Apt, #, etc. 08152005 Chg-NP CR2E037 (10/03) City & State WINTER BEACH. FL 4. FEI Number 65-0961044 Applied For INTER BEACH. Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Charles W. McKinnon, Esq. DUBOV, DAVID Street Address (P.O. Box Number is Not Acceptable) 5070 No. A-1-A, Suite 200 **6363 NW 23 TERRACE** BOCA RATON, FL 33496 Zip Code 32963 VERO BEACH 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PRES - DIRECTOR Delete TITLE Change Addition ALLAN BIXBY 6720 49 TH COURT DUBOV, DAVID NAME NAME STREET ADDRESS **6363 NW 23 TERRACE** STREET ADDRESS BOCA RATON, FL 33496 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH. FL. 32967 DAVIDA HOOPER TITLE D Delete TITLE ☐ Change Addition DUBOV, JOAN NAME NAME 4820 GGTH PLACE STREET ADDRESS **6363 NW 23 TERRACE** STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-ZIP VERO BEACH. FL. 32967 TITLE 5/0 Delete TITLE Change Addition GAIL FOSTER NAME DUBOV, HARVEY NAME 4830 66TH LANE STREET ADDRESS **6363 NW 23 TERRACE** STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-ZIP VERO BEACH, FL. 32967 TITLE ☐ Delete TITLE ☐ Change ☐ Addition 000059782 09/20/05--01046--014 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.