
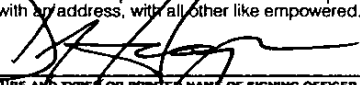


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90017 042 ****61.25

DOCUMENT # N99000006372					
1. Entity Name CRYSTAL FALLS PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 231 WINTER BEACH, FL 32971			Mailing Address P.O. BOX 231 WINTER BEACH, FL 32971		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0961044	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCKINNON, CHARLES W. ESQ 3055 CARDINAL DR #302 VERO BEACH, FL 32963				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIXBY, ALLAN		NAME		
STREET ADDRESS	6720 49TH COURT		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH, FL 32967		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOOPER, DAVID A		NAME		
STREET ADDRESS	4820 66TH PLACE		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH, FL 32967		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, LEONA A		NAME		
STREET ADDRESS	6765 49TH CT		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH, FL 32967		CITY - ST - ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THOMAS, DAVID		NAME	VPD ROBERT BORELLI	
STREET ADDRESS	6755 49TH COURT		STREET ADDRESS	6695 49TH COURT	
CITY - ST - ZIP	VERO BEACH, FL 32967		CITY - ST - ZIP	VERO BEACH, FL 32967	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTERS, PETE		NAME		
STREET ADDRESS	4800 66TH LANE		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH, FL 32967		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			5/1/08 772.562.7877		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		