## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005408

Entity Name: CRYSTAL COVE RESORT OWNERS ASSOCIATION, INC.

**FILED** Apr 23, 2018 **Secretary of State** CC2011141787

## **Current Principal Place of Business:**

811 MABBETTE STREET KISSIMMEE, FL 34741

## **Current Mailing Address:**

811 MABBETTE STREET KISSIMMEE. FL 34741 US

FEI Number: 56-2574196 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ASSOCIATION SOLUTIONS OF CENTRAL FL, INC 811 MABBETTE STREET KISSIMMEE, FL 34741 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title SECRETARY, TREASURER

MAGALHAES, RAISA Name BLUTEAU, DONA Name

PO BOX 2466 Address 4751 BLUE DIAMOND STREET Address

City-State-Zip: KISSIMMEE FL 34746 WINDERMERE FL 34786 City-State-Zip:

Title **PRESIDENT** 

Name WILLIAMS, ISAIAH

Address 955 EMERALD GREEN COURT

City-State-Zip: KISSIMMEE FL 34746

I hereby 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 all other like empowered.

**PRESIDENT** SIGNATURE: ISAIAH WILLIAMS

Electronic Signature of Signing Officer/Director Detail

04/23/2018 Date