

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N05000005408

**Entity Name:** CRYSTAL COVE RESORT OWNERS ASSOCIATION, INC.

**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            PRESIDENT, DIRECTOR

Name           MAGALHAES, RAISA

Address        PO BOX 2466

City-State-Zip: WINDERMERE FL 34786

Title            VP, DIRECTOR

Name           BLUTEAU, DONA

Address        4751 BLUE DIAMOND STREET

City-State-Zip: KISSIMMEE FL 34746

Title            SECRETARY, TREASURER

Name           THILLET, BERNARD

Address        937 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.*

**SIGNATURE: RAISA MAGALHAES**

**PRESIDENT**

**05/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date