2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2014
Secretary of State
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Entity Name: CRYSTAL FALLS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O GOLDEN SANDS COMMUNITY MGMT.
7150 20TH ST. STE. H
VERO BEACH, FL 32966

Current Mailing Address:

C/O GOLDEN SANDS COMMUNITY MGMT.
7150 20TH ST. STE. H
VERO BEACH, FL 32966 US

FEI Number: 30-0259978

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCKINNON, CHARLES ESQ
3055 CARDINAL DR #302
VERO BEACH, FL 32963 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: CHARLES MCKINNON 02/11/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TD	Title	VPD
Name	BORELLI, ROBERT	Name	MCNEAL, BRIAN
Address	C/O GOLDEN SANDS COMMUNITY MGMT. 7150 20TH ST. STE. H	Address	C/O GOLDEN SANDS COMMUNITY MGMT. 7150 20TH ST. STE. H
City-State-Zip:	VERO BEACH FL 32966	City-State-Zip:	VERO BEACH FL 32966
Title	SD	Title	D
Name	CHRISTIANSEN, LARRY	Name	KATONA, FRANK
Address	C/O GOLDEN SANDS COMMUNITY MGMT. 7150 20TH ST. STE. H	Address	C/O GOLDEN SANDS COMMUNITY MGMT. 7150 20TH ST. STE. H
City-State-Zip:	VERO BEACH FL 32966	City-State-Zip:	VERO BEACH FL 32966
Title	PD		
Name	SCHWAB, JOSEPH		
Address	C/O GOLDEN SANDS COMMUNITY MGMT. 7150 20TH ST. STE. H		
City-State-Zip:	VERO BEACH FL 32966		

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: LARRY CHRISTIANSEN SECRETARY 02/11/2014

Electronic Signature of Signing Officer/Director Detail — Date