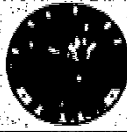


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 24 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **715538** (5)

1. Corporation Name

CRYSTAL SANDS OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1801 GLENGARY STREET
SARASOTA FL 34231-0803

1801 GLENGARY STREET
SARASOTA FL 34231-0803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1968

3a. Date of Last Report

04/25/1994

4. FEI Number

59-1348752

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER, POLIAKOFF & STREITFELD, P.A.
1801 GLENGARY STREET
SARASOTA FL 34231-0803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WALLACE, FRANK J
STREET ADDRESS	6300 MIDNIGHT PASS RD 1101
CITY-ST-ZIP	SARASOTA FL
TITLE	VD
NAME	BROMBERGH, OSWALD H
STREET ADDRESS	6300 MIDNIGHT PASS RD 107
CITY-ST-ZIP	SARASOTA FL
TITLE	SD
NAME	YOUNGDALE, DORIS B
STREET ADDRESS	6300 MIDNIGHT PASS RD 803
CITY-ST-ZIP	SARASOTA FL
TITLE	TD
NAME	BREYER, HERBERT R
STREET ADDRESS	6300 MIDNIGHT PASS RD 904
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	LEWIS, HAROLD R
STREET ADDRESS	3412 LAWTON LANE
CITY-ST-ZIP	PEPPER PKE OH
TITLE	AS
NAME	CLARK, P RICHARD
STREET ADDRESS	1801 GLENGARY ST
CITY-ST-ZIP	SARASOTA FL

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

SEE ATTACHED

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

P. Richard Clark
P. Richard Clark

3/23/94

813-921-5393

CRS

Crystal Sands Owners Association, Inc.

715398

Manager FRC

Local Address

5000 1st Ave SW
P/D
ADVISOR

Mr. Frank J. Wallace
6300 Midnight Pass Rd.
#1101
Sarasota, FL 34242

V/D

Mr. Herbert R. Brereton
6300 Midnight Pass Rd.
#904
Sarasota, FL 34242

S/D

Ms. Doris B. Youngdale
6300 Midnight Pass Road
Unit #803
Sarasota, FL 34242

T/D

Mr. Herbert H. Goetschius
6300 Midnight Pass Road
Unit #511
Sarasota, FL 34242

D

Mr. Raymond R. Lang Jr.
6300 Midnight Pass Road
Unit #1209
Sarasota, FL 34242

A/S

P. Richard Clark
1801 Glengary Street
Sarasota, FL