

MP.

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 715538 (5)
1. Corporation Name
CRYSTAL SANDS OWNERS ASSOCIATION, INC.



Principal Place of Business: 1801 GLENGARY STREET SARASOTA FL 34231-0803
Mailing Address: 1801 GLENGARY STREET SARASOTA FL 34231-3603

2. Principal Place of Business: 21 6300 Midnight Pass Rd. Suite, Apt. #, etc.
22 City & State: Sarasota, Florida
23 Zip: 34242 Country: [blank]
24 34242 25 [blank]

2a. Mailing Address: 26 6300 Midnight Pass Rd. Suite, Apt. #, etc.
27 City & State: Sarasota, Florida
28 Zip: 34242 Country: [blank]
29 34242 30 [blank]

3. Date Incorporated or Qualified: 11/08/1968
3a. Date of Last Report: 04/25/1996
4. FEI Number: 59-1348752 Applied For: [blank] 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

9. Name and Address of Current Registered Agent
BECKER, POLIAKOFF & STREITFELD, P.A.
1801 GLENGARY STREET
SARASOTA FL 34231-0803

10. Name and Address of New Registered Agent
81 Name: Argus Property Management
82 Street Address (P.O. Box Number is Not Acceptable): 2100 Constitution Blvd.
83 [blank]
84 City: Sarasota FL 85 Zip Code: 34242

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: 2-18-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: RD	NAME: GREENE, RICHARD B	1.1 TITLE: [] DELETE	1.1 NAME: Bromberg, Herbert H.
STREET ADDRESS: 1765 PEREGRINE PT. DR.	CITY-ST-ZIP: SARASOTA FL 34231	1.2 NAME: [] DELETE	1.2 STREET ADDRESS: 6300 Midnight Pass Rd.
TITLE: TD	NAME: MERCER, SHIRLEY A	1.3 CITY-ST-ZIP: SARASOTA, FL 34242	1.4 CITY-ST-ZIP: Sarasota, FL 34242
STREET ADDRESS: P.O. BOX 70144 N.A.	CITY-ST-ZIP: SARASOTA FL 34242	2.1 TITLE: VP	2.1 NAME: Irene Jurnack
TITLE: VD	NAME: BROMBERG, HERBERT H	2.2 STREET ADDRESS: 6300 Midnight Pass Rd.	2.2 CITY-ST-ZIP: Sarasota, FL 34242
STREET ADDRESS: 6300 MIDNIGHT PASS RD. UNIT 511	CITY-ST-ZIP: SARASOTA FL 34242	2.3 CITY-ST-ZIP: [] DELETE	2.3 NAME: George Youngdale
TITLE: PD	NAME: GOETSCHUIS, HERBERT H	2.4 CITY-ST-ZIP: [] DELETE	2.4 STREET ADDRESS: 6300 Midnight Pass Rd.
STREET ADDRESS: 6300 MIDNIGHT PASS RD UNIT 511	CITY-ST-ZIP: SARASOTA FL 34242	2.4 CITY-ST-ZIP: Sarasota, FL 34242	2.4 NAME: V.R. Williams
TITLE: SD	NAME: LANG, RAYMOND R JR	3.1 TITLE: [] CHANGE	3.1 NAME: Ralph Scheffert
STREET ADDRESS: 6300 MIDNIGHT PASS RD UNIT 1209	CITY-ST-ZIP: SARASOTA FL 34242	3.2 NAME: [] CHANGE	3.2 STREET ADDRESS: 6300 Midnight Pass Rd.
TITLE: RD	NAME: CLARK, RICHARD P	3.3 CITY-ST-ZIP: [] CHANGE	3.3 CITY-ST-ZIP: Sarasota, FL 34242
STREET ADDRESS: 1801 GLENGARY STREET	CITY-ST-ZIP: SARASOTA FL	3.4 CITY-ST-ZIP: [] CHANGE	3.4 NAME: [] ADDITION

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kerry A Beauharnais / Secretary 2/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 2/18/97
Daytime Phone # 0060865

CR2E037 (9/96)