

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 715538 (5)**  
 1. Corporation Name  
**CRYSTAL SANDS OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>6300 MIDNIGHT PASS RD. SARASOTA FL 34242</b>	Mailing Address <b>6300 MIDNIGHT PASS RD. SARASOTA FL 34242</b>
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3. Date Incorporated or Qualified <b>11/08/1968</b>	
4. FEI Number <b>59-1348752</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**ARGUS PROPERTY MANAGEMENT  
 2100 CONSTITUTION BLVD  
 SARASOTA FL 34242**

10. Name and Address of New Registered Agent

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 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, for 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROMBERG, HERBERT H</b>	1.2 NAME	<b>s/d Sue Miller</b>
STREET ADDRESS	<b>6300 MIDNIGHT PASS RD.</b>	1.3 STREET ADDRESS	<b>6300 Midnight Pass Rd.</b>
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	1.4 CITY-ST-ZIP	<b>Sarasota, FL 34242</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JURNACK, IRENE</b>	2.2 NAME	<b>p/d Irene Jurnack</b>
STREET ADDRESS	<b>6300 MIDNIGHT PASS RD.</b>	2.3 STREET ADDRESS	<b>6300 Midnight Pass Rd.</b>
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	2.4 CITY-ST-ZIP	<b>Sarasota, FL 34242</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNGDALE, GEORGE</b>	3.2 NAME	
STREET ADDRESS	<b>6300 MIDNIGHT PASS RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, V R</b>	4.2 NAME	<b>vp/d Williams, V.R.</b>
STREET ADDRESS	<b>6300 MIDNIGHT PASS RD.</b>	4.3 STREET ADDRESS	<b>6300 Midnight Pass Rd.</b>
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	4.4 CITY-ST-ZIP	<b>Sarasota, FL 34242</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHEFFERT, RALPH</b>	5.2 NAME	<b>D Vern Stephens</b>
STREET ADDRESS	<b>6300 MIDNIGHT PASS RD.</b>	5.3 STREET ADDRESS	<b>6300 Midnight Pass Rd.</b>
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	5.4 CITY-ST-ZIP	<b>Sarasota, FL 34242</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* **REQUIRED** 3/25/98 941-349-7007

CR2E037 (10/97)