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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 715538

1. Corporation Name

CRYSTAL SANDS OWNERS ASSOCIATION, INC.

Principal Place of Business

6300 MIDNIGHT PASS RD. SARASOTA FL 34242

Mailing Address

6300 MIDNIGHT PASS RD. SARASOTA FL 34242



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/08/1968

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1348752

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

25

Country

29 Zip Country

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARGUS PROPERTY MANAGEMENT 2100 CONSTITUTION BLVD SARASOTA FL 34242

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, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD  DELETE  
NAME MILLER, SUE  
STREET ADDRESS 6300 MIDNIGHT PASS RD.  
CITY-ST-ZIP SARASOTA FL 34242

1.1 TITLE TD  Change  Addition  
1.2 NAME MILLER, SUSAN  
1.3 STREET ADDRESS 6300 MIDNIGHT PASS RD.  
1.4 CITY-ST-ZIP SARASOTA, FL 34242

TITLE PD  DELETE  
NAME JURNAK, IRENE  
STREET ADDRESS 6300 MIDNIGHT PASS RD.  
CITY-ST-ZIP SARASOTA FL 34242

2.1 TITLE PD  Change  Addition  
2.2 NAME WOOD, ROBERT M.  
2.3 STREET ADDRESS 6300 MIDNIGHT PASS RD.  
2.4 CITY-ST-ZIP SARASOTA, FL 34242

TITLE TD  DELETE  
NAME YOUNGDALE, GEORGE  
STREET ADDRESS 6300 MIDNIGHT PASS RD.  
CITY-ST-ZIP SARASOTA FL 34242

3.1 TITLE SD  Change  Addition  
3.2 NAME GARY, JOHN  
3.3 STREET ADDRESS 6300 MIDNIGHT PASS RD.  
3.4 CITY-ST-ZIP SARASOTA, FL 34242

TITLE VPD  DELETE  
NAME WILLIAMS, V R  
STREET ADDRESS 6300 MIDNIGHT PASS RD.  
CITY-ST-ZIP SARASOTA FL 34242

4.1 TITLE VPD  Change  Addition  
4.2 NAME DAHN, GAIL  
4.3 STREET ADDRESS 6300 MIDNIGHT PASS RD.  
4.4 CITY-ST-ZIP SARASOTA, FL 34242

TITLE D  DELETE  
NAME STEPHENS, VERN  
STREET ADDRESS 6300 MIDNIGHT PASS RD  
CITY-ST-ZIP SARASOTA FL 34242

5.1 TITLE D  Change  Addition  
5.2 NAME STEPHENS, JOYCE  
5.3 STREET ADDRESS 6300 MIDNIGHT PASS RD.  
5.4 CITY-ST-ZIP SARASOTA, FL 34242

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: [Handwritten Signature] 1/27/99

941-349-7007

CR2E037 (11/98)