

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715538

1. Entity Name

CRYSTAL SANDS OWNERS ASSOCIATION, INC. ✓

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90043 030 ***61.25

Principal Place of Business 6300 MIDNIGHT PASS RD. SARASOTA FL 34242	Mailing Address 6300 MIDNIGHT PASS RD. SARASOTA FL 34242
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1348752	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARGUS PROPERTY MANAGEMENT
 2100 CONSTITUTION BLVD
 SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, SUE 6300 MIDNIGHT PASS RD. SARASOTA FL 34242 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, ROBERT M 6300 MIDNIGHT PASS RD. SARASOTA FL 34242 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARY, JOHN 6300 MIDNIGHT PASS RD. SARASOTA FL 34242 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAHN, GAIL 6300 MIDNIGHT PASS RD. SARASOTA FL 34242 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, JOYCE 6300 MIDNIGHT PASS RD SARASOTA FL 34242 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, HAROLD 6300 MIDNIGHT PASS RD #9 SARASOTA FL 34242 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARKER, RICHARD P. 6300 MIDNIGHT PASS RD. # 711 SARASOTA FL 34242 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMENS, JAMES 6300 MIDNIGHT PASS RD. # 610 SARASOTA FL 34242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTERS, SANDRA 6300 MIDNIGHT PASS RD. # 404 SARASOTA, FL 34242 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Clemens DIRECTOR 7/24/00 941-349-0845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)