FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jul 24, 2001 8:00 am **DOCUMENT # 715538 Secretary of State** 1. Entity Name 07-24-2001 90012 019 ****61.25 CRYSTAL SANDS OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 6300 MIDNIGHT PASS RD. 6300 MIDNIGHT PASS RD. SARASOTA FL 34242 SARASOTA FL 34242 March Street 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1348752 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name 500 Street Address (P.O. Box Number is Not Acceptable) ARGÚS PROPERTY MANAGEMENT 1202 YESTA BAYSIDE DRIVE SARASOTA FL 34242 City 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. 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition ☐ Change LEWIS, HAROLD NAME NAME 6300 MIDNIGHT PASS RD. #9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 PD TITLE **X** Delete TITLE eslie Pitstick BARKER, RICHARD P NAME NAME STREET ADDRESS 6300 MIDNIGHT PASS RD. #711 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34242 SD ·-TITLE Delete ----TITLE GARY, JOHN NAME NAME 1306 S. Lakeshone Dr. STREET ADDRESS 6300 MIDNIGHT PASS RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 TITLE Delete TITLE Change Change ☐ Addition **CLEMONS, JAMES** NAME NAME STREET ADDRESS 6300 MIDNIGHT PASS RD. #610 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 TITLE ☐ Delete ☐ Change ☐ Addition MASTERS, SANDRA NAME NAME STREET ADDRESS 6300 MIDNIGHT PASS RD. #404 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

EDESLIE Pitstick