## TRANSMITTAL LETTER

hall ED

02 OCT 21 PM 3: 26

| Division of Corporations   | TALLAHASSEE FLORIDA                 |
|--|-------------------------------------|
| SUBJECT: Crystal Sands Owners (Name of corporation)                          | Assoc. INC.                         |
| DOCUMENT NUMBER: 715538  | <del></del>                         |
| The enclosed Statement of Change of Registered Office/Agent and fee are subm | sitted for filing.                  |
| Please return all correspondence concerning this matter to the following:    |                                     |
| Michael Scatt Papanek (Name of person)                                       |                                     |
| Crystac Sands Owners Assoc. Inc. (Name of firm/company)                      | 0008329267—5<br>-10/11/02-01029-011 |
| 6300 M.d. Night Pass Rd (Address)  | *****35.00 *****35.00               |
| SARASJA FL 34242<br>(City/state and zip code)                                |                                     |
| For further information concerning this matter, please call:                 |                                     |
| WichAer Scott Paparlek at (941) 349-700 (Area code & daytime telephone       | number)                             |

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(07/02)



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 15, 2002

CRYSTAL SANDS OWNERS ASSOCIATION, INC. ATTN: MICHAEL SCOTT PAPANEK 6300 MIDNIGHT PASS RD SARASOTA, FL 34242

SUBJECT: CRYSTAL SANDS OWNERS ASSOCIATION, INC. Ref. Number: 715538

We have received your document for CRYSTAL SANDS OWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith Document Specialist

Letter Number: 402A00057402

RECEIVED
02 OCT 21 AM 11: 15
IVISION OF CORPORATIONS

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  |  |
|--|--|
| this statement of change is submitted for a corporation organized under the laws of the State of   |  |
| Florida in order to change its registered office or registered agent, or both, in the State  |  |
| of Florida.  |  |
| 1. The name of the corporation: Crystal SANds Owners Association Inc.  |  |
| 2. The principal office address: 6300 Mid night Pass Rd  |  |
| SARASOTA FL 34242  |  |
| 3. The mailing address (if different):   |  |
|  |  |
| 4. Date of incorporation/qualification: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   |  |
|  |  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:   |  |
|  |  |
| The state of the s |  |
| 1700 Siesta Bayside DR   |  |
| SARASOTA FL 34242 SES  |  |
| Ori  |  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if  |  |
| changed): Michael Scott Papanek C.A.M.   |  |
|  |  |
| 6300 Midwight Pass Rd  |  |
| CACATELA EL 21212  |  |
| SAUGETA TC 34242   |  |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.   |  |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.  |  |
| stene Juniack Queston TRENE JURNACK DIRECT   |  |
| (Signature of an officer, Chairman or vice chairman of the board) (Printed or typed name and title)  |  |
| I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete.   |  |
| performance of my duties, and I am familiar with and accept the obligation of my position as   |  |
| I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.   |  |
| Michael Ster 10/01/02  |  |
| (Signature of Registered Agent) (Date)   |  |
| If signing on behalf of an entity:   |  |
| (T) mod ov Drieto Namo)  |  |
| (Typed or Printed Name) (Capacity)   |  |

\* \* \* FILING FEE: \$35.00 \* \* \*