## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 30, 2004 8:00 am Secretary of State

DOCUMENT # 715538  1. Entity Name CRYSTAL SANDS OWNERS ASSOCIATION, INC.					07-30-2004 90004 029 ****61.25				
6300 MIDNIGHT PASS RD. 63		Mailing Address 6300 MIDNIGHT PASS RD SARASOTA, FL 34242	).		4405	50722		,	
2. Principal F	Place of Business	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		0721	2004 Chg-NP	CR2E	037 (10/03)		
City & Stat	e	City & State			Number -1348752			oplied For ot Applicable	
Zip	Country	Zip	Country	<b>5</b> . Cer	tificate of Status De	sired	\$8.75 Add	ditional	
	6. Name and Address of Current F	Registered Agent		7. Nar	ne and Address of	New Registered	Agent		
PAPANEK, MICHAEL S			Name	Name					
6300 MIDN	NIGHT PASS RD A, FL 34242		Street Ad	ldress (P.O. Box	P.O. Box Number is Not Acceptable)				
0.710.001	A, I L V7272								
			City			FI	L Zip Code	ė	
	named entity submits this statement for ions of registered agent.	the purpose of changing its req	gistered office or r	registered agent	, or both, in the Stat	te of Florida. I an	n familiar with,	and accept	
the obligati	iona or registered agent.								
	5								
SIGNATURE.									
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Re	egistered Agent signature	e required when reinsta	ating)	DATE			
	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 ue by September 8, 2004	9. Election Campa Trust Fund Con	aign Financing _	e required when reinstr	May Be		ck payable to		
	Filing Fee is \$61.25	9. Election Campa Trust Fund Con	aign Financing _	\$5.00 Added to	May Be	Make cher Florida Depa	rtment of St	tate	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 8, 2004  OFFICERS AND DIRI TD LEWIS, HAROLD 6300 MIDNIGHT PASS RD. #9	9. Election Campa Trust Fund Con	aign Financing ntribution. [  11.  IIILE NAME STREET ADDRESS [	S5.00 Added to ADDITION TO Stephen	May Be Prees	Make cher Florida Depa DFFICERS AND D	rtment of St	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 ue by September 8, 2004  OFFICERS AND DIRI TD LEWIS, HAROLD 6300 MIDNIGHT PASS RD. #9 SARASOTA, FL 34242	9. Election Campa Trust Fund Con ECTORS	aign Financing Itribution.  III. IIILE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 Added to ADDITION TO Stephen 35 Bias Ft. Thom	May Be Fees  IS/CHANGES TO COLLY  TO COLLY  TO COLLY  TO COLLY	Make cher Florida Depa DFFICERS AND D	PIRECTORS IN Change	1 10 Addition	
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25  LEWIS, HAROLD 6300 MIDNIGHT PASS RD. #9 SARASOTA, FL 34242  PD PITSTICK, LESLIE 2140 VIENNA PARKWAY DAYTON, OH 45459	9. Election Campa Trust Fund Con  ECTORS  Delete	aign Financing Itribution.  III.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 Added to ADDITION TO Stepher 25 Bio Ft. Thom PO Pototical To	May Be o Fees NS/CHANGES TO COLLY TAS KY	Make cher Florida Depa  DEFICERS AND CO  41075  VIIIOGE	IRECTORS IN Change	Addition	
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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:

SCOTT PAPANEL Scotting SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H190- 7/

941-349-7007 Daytime Phone #