
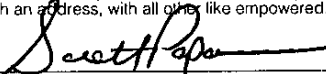


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90150 010 ****61.25

DOCUMENT # 715538					
1. Entity 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			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			7. Name and Address of New Registered Agent		
PAPANEK, MICHAEL S 6300 MIDNIGHT PASS RD SARASOTA, FL 34242			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHENS, JOYCE		NAME	Michael Shackelford	
STREET ADDRESS	25 DIANA COURT		STREET ADDRESS	9040 Town Center Pkwy #106	
CITY-ST-ZIP	FORT THOMAS, KY 41075		CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITSTICK, LESLIE		NAME		
STREET ADDRESS	1520 TURNBERRY VILLAGE DR		STREET ADDRESS		
CITY-ST-ZIP	DAYTON, OH 45458		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDER, FRANK		NAME	Frank Heider	
STREET ADDRESS	1306 S. LAKESHORE DR.		STREET ADDRESS	1306 S. Lakeshore Dr.	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HACKER, HANK		NAME	Hank Hacker	
STREET ADDRESS	12870 CANYON CREEK BLVD		STREET ADDRESS	12870 Canyon Creek Blvd	
CITY-ST-ZIP	FORT WAYNE, IN 46845		CITY-ST-ZIP	Fort Wayne, IN 46845	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODWIN, BILL		NAME	Hal Lewis	
STREET ADDRESS	519 ABERDEEN RD		STREET ADDRESS	3412 Lawton Lane	
CITY-ST-ZIP	FRANKFORT, IL 60423		CITY-ST-ZIP	Pepper Pike, OH 44124	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Chapter 119, 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: 		Date: 5/26/05		Daytime Phone #: 941-349-7007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50020795



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