


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90099 001 \*\*\*\*61.25

<b>DOCUMENT # 715538</b> 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02012007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1348752	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
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		
			<b>FL</b>		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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHACKELFORD, MICHAEL		NAME		
STREET ADDRESS	9040 TOWN CTR PKWY STE 106		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP		
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	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEIDER, FRANK		NAME	Director Heider, Frank	
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	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HACKER, HANK		NAME	Vice President Hacker, Hank	
STREET ADDRESS	12870 CANYON CRK BLVD		STREET ADDRESS	12870 Canyon Crk Blvd	
CITY-ST-ZIP	FORT WAYNE, IN 46845		CITY-ST-ZIP	Fort Wayne, IN 46845	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, HAL		NAME		
STREET ADDRESS	3412 LAWTON LN		STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND, OH 44124		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Secretary Henley, James	
STREET ADDRESS			STREET ADDRESS	1475 Road End Place	
CITY-ST-ZIP			CITY-ST-ZIP	Columbus, OH 43209	
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: <i>Les Pitstick</i>			Date: 5/1/07		Daytime Phone #: 941-349-7007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					