

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715538

FILED
Jun 25, 2009
Secretary of State

Entity Name: CRYSTAL SANDS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6300 MIDNIGHT PASS RD.
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

6300 MIDNIGHT PASS RD.
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-1348752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PAPANEK, MICHAEL S
6300 MIDNIGHT PASS RD
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PISTICK, LESLIE
Address: 1265 ACER COURT EAST
City-St-Zip: DAYTON, OH 454589

Title: PD () Delete
Name: HACKER, HANK
Address: 12870 CANYON CREEK BLVD
City-St-Zip: FORT WAYNE, IN 46845

Title: TD () Delete
Name: LEWIS, HAL
Address: 3412 LAWTON LN
City-St-Zip: CLEVELAND, OH 44124

Title: S () Delete
Name: HENLEY, JAMES
Address: 1475 RD. END PLACE
City-St-Zip: COLUMBUS, OH 43209

Title: D () Delete
Name: MORGAN, DAN
Address: 4301 WILLOW CREEK CIRCLE
City-St-Zip: BELLBROOK, OH 45305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BARSALOU, DONALD
Address: 154 WOODBRIDGE ST
City-St-Zip: SOUTH HADLEY, MA 01075

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HANK HACKER

PD

06/25/2009

Electronic Signature of Signing Officer or Director

_____ Date