

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90136 030 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1348752**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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	TD	<input type="checkbox"/> Delete
NAME	LEWIS, HAROLD	
STREET ADDRESS	6300 MIDNIGHT PASS RD. #9	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PITSTICK, LESLIE	
STREET ADDRESS	2140 VIENNA PARKWAY	
CITY-ST-ZIP	DAYTON OH 45459	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEIDER, FRANK	
STREET ADDRESS	1306 S. LAKESHORE DR.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	JURNACK, IRENE	
STREET ADDRESS	6300 MIDNIGHT PASS RD #206	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASTERS, SANDRA	
STREET ADDRESS	6300 MIDNIGHT PASS RD. #404	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Leslie Pitstick* **IRENE JURNACK** *Leslie Pitstick* **03/06/03** **941-349-7007**

CRE037 (10/02)