


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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90513 001 ****61.25

DOCUMENT # N03531

1. Entity Name
CRYSTAL VILLAS OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

CRYSTAL VILLAS CONDOMINIUMS **CRYSTAL VILLAS CONDOMINIUMS**
2850 SCENIC HWT 98 **2850 SCENIC HWT 98**
DESTIN FL 32541 **DESTIN FL 32541**
US

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 **59-2686402** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NEWMAN, RAYMOND F JR.
348 MIRALCE STRIP PKWY SW STE 7
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

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 _____

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	STRAUBINGER, VINCENT	
STREET ADDRESS	2850 HWY 98 EAST	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRANNON, TAPPAN	
STREET ADDRESS	2850 HWY 98 EAST	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KASSING, TOM	
STREET ADDRESS	2850 SCENIC HWY 98 EAST	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HUFSTEDLER, JON	
STREET ADDRESS	2850 SCENIC HWY 98 E	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *[Signature]* **JON HUFSTEDLER** 1-16-03 850654-0350

CR2E037 (10/02)