2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41473

FILED Apr 07, 2008 Secretary of State

Entity Name: PHASE I OF CRYSTAL LAKE AT SANDESTIN OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 10221 EMERALD COAST PKWY W, SUITE 23 MIRAMAR BEACH, FL 32550 **Current Mailing Address: New Mailing Address:** 10221 EMERAL COAST PKWY W, SUITE 23 STE 23 MIRAMAR BEACH, FL 32550 FEI Number: 59-3044700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GELDER, JAY 10221 EMERALD COAST PKWY WEST SUITE 23 MIRAMAR BEACH, FL 32550 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FLANERY, DICK Name: Name: 2101 HIDEAWAY COVE Address: Address: City-St-Zip: SANDESTIN, FL 32550 City-St-Zip: Title: VPD Title: () Delete () Change () Addition DODD, NANCY Name: Name: Address: 2104 HIDEAWAY COVE Address: City-St-Zip: MIRAMAR BEACH, FL 32550 City-St-Zip: Title: STD () Delete Title: STD (X) Change () Addition JONES, JESSICA MCKEON, DENNIS Name: Name: 2092 TRADEWINDS DRIVE 2086 OLDE TOWNE AVE Address: Address: City-St-Zip: SANDESTIN, FL 32550 City-St-Zip: SANDESTIN, FL 32550 Title: () Delete Title: (X) Change () Addition Name: COLCORD, NED Name: ANDREAS, LEANN Address: 2123 OLDE TOWNE AVE Address: 2126 SCHOONER COVE City-St-Zip: SANDESTIN, FL 32550 City-St-Zip: SANDESTIN, FL 32550 Title: () Delete Title: (X) Change () Addition DAMROTH, MARY HOLLERAN, PHIL Name: Name: 2122 OLDE TOWNE AVE 155 N. HANLEY RD., #301 Address: Address: City-St-Zip: SANDESTIN, FL 32550 City-St-Zip: ST. LOUIS, MO 63105

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: DICK FLANNERY DP 04/07/2008