

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715538

**Entity Name:** CRYSTAL SANDS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6300 MIDNIGHT PASS RD.  
SARASOTA, FL 34242

**Current Mailing Address:**

6300 MIDNIGHT PASS RD.  
SARASOTA, FL 34242

**FEI Number: 59-1348752**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

**Officer/Director Detail :**

Title D  
Name LEWIS, HAL  
Address 6300 MIDNIGHT PASS RD  
VILLA 9  
City-State-Zip: SARASOTA FL 34242

Title PD, PRESIDENT  
Name WICKENS, STEVE  
Address 2510 KERRY ST #102  
City-State-Zip: LANSING MI 48912

Title SECRETARY  
Name HIGGINBOTHAM, PEG  
Address 3308 TIMBERSIDE DR  
City-State-Zip: POWELL OH 43065

Title TD, TREASURER  
Name HACKER, HANK  
Address 12870 CANYON CREEK BLVD  
City-State-Zip: FORT WAYNE IN 46845

Title VP  
Name BARSALOU, DONALD  
Address 154 WOODBRIDGE ST  
City-State-Zip: SOUTH HADLEY MA 01075

*I hereby 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 all other like empowered.*

**SIGNATURE: STEVE WICKENS**

**PRESIDENT**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date