

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR -2 AM 10:02

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000867

CRYSTAL DUNES, LTD.

Mailing Address

1209 AIRPORT ROAD, SUITE 4
DESTIN FL 32541

Principal Office Address

1209 AIRPORT ROAD, SUITE 4
DESTIN FL 32541

3. Date Formed or Registered

04/18/1997

5a. Capital Contributions as
Shown on record.

\$2,000.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

2. Mailing Address

36468 Emerald Coast Pkwy

Suite, Apt. #, etc.

Suite 1201

City & State

Destin, FL

Zip

32541

Country

US

2a. Principal Office Address

36468 Emerald Coast Pkwy

Suite, Apt. #, etc.

Suite 1201

City & State

Destin, FL

Zip

32541

Country

US

6. FEI Number

59-3444553

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

GWIN, CURTIS H

1209 AIRPORT ROAD, SUITE 4
DESTIN FL 32541

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

36468 Emerald Coast Pkwy

Suite, Apt. #, etc.

Suite 1201

City

Destin

FL

Zip Code

32541

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

THE CRYSTAL DUNES COMPANY

THE DOLPHIN DUNES SOUTH COMP

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

36468 Emerald Coast Pkwy
1209 AIRPORT ROAD, SU
#1201

4093 INDIAN TRAIL

11b. City, State & Zip Code

DESTIN FL 32541

DESTIN FL 32541

11c. Registration/
Document Number

P98000020532

P98000012828

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-03/13/98--01073--021
****156.25 ****156.25

KWM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

Howard Ray Shoults

DATE

11-13-97

Typed or Printed Name of General Partner Signing Form

Howard Ray Shoults

Daytime Telephone Number

860-837-0392

CR2E003 (6/97)