

2001 UNIFORM BUSINESS REPORT (UBR)

0016748 AF

DOCUMENT # A97000000867

1. Entity Name

CRYSTAL DUNES, LTD.

FILED

Principal Place of Business

36468 EMERALD COAST PKWY., STE. 1201
DESTIN FL 32541

Mailing Address

36468 EMERALD COAST PKWY., STE. 1201
DESTIN FL 32541

01 FEB 19 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3444553

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

GWIN, CURTIS H

36468 EMERALD COAST PKWY., STE. 1201

DESTIN FL 32541

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000020532
NAME THE CRYSTAL DUNES COMPANY
STREET ADDRESS 36468 EMERALD COAST PKWY., #1201
CITY-ST-ZIP DESTIN FL 32541

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P96000012828
NAME THE DOLPHIN DUNES SOUTH COMPANY
STREET ADDRESS 4093 INDIAN TRAIL
CITY-ST-ZIP DESTIN FL 32541

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

7000003745807--5

-02/21/01--01096--005

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

****141.25 ****141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-15-01

Date

850-837-0392

Daytime Phone #

CR2E003 (11/00)