FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:04

DOCUMENT # N03195 (7)

1. Corporation Name

CRYSTAL PORT TOWNHOME OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
110 DAVID STREET C/O WAYNE T. BOYETTE FT. WALTON BEACH FL 32548	652 S. WILLETT C/O ROBERT SUZANNE PLYLER MEMPHIS TN 38104 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1984
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2885295 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

BOYETTE, WAYNE T.
110 DAVID STREET
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	BOYETTE, WAYNE T.	1.2 NAME	
STREET ADDRESS	110 DAVID STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	TD ☑ Change ☐ Addition
NAME	SANDLIN, PATRICK	2.2 NAME	SANDLIN, PATRICK
STREET ADDRESS	6075 POPLAR AVE.STE.222	2.3 STREET ADDRESS	142 Timber Creek Drive
CITY-ST-ZIP	MEMPHIS TN	2.4 CITY-ST-ZIP	CORDOVA, TN 38018
TITLE	PD	3.1 TITLE	PD ☑ Change ☐ Addition
NAME	DAVIES, WILLIAM P.	3.2 NAME	DAVIES, WILLIAM P.
STREET ADDRESS	54 S COOPER	3.3 STREET ADDRESS	5178 WHEELIS #6
CITY-ST-ZIP	MEMPHIS TN	3.4 CITY-ST-ZIP	MEMPHIS, TN 38117
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	PLYLER, BOBBY	4.2 NAME	
STREET ADDRESS	652 S. WILLETT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3-6-95 901-274-0246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074978