



FILE NOW: FILING FEE IS \$61.25

FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N03195 (7)</b> 1. Corporation Name <b>CRYSTAL PORT TOWNHOME OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>110 DAVID STREET C/O WAYNE T. BOYETTE FT. WALTON BEACH FL 32548</b>			Mailing Address <b>652 S. WILLET C/O ROBERT SUZANNE PLYLER MEMPHIS TN 38104-4933 US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>05/21/1984</b> 3a. Date of Last Report <b>05/01/1996</b> 4. FEI Number <b>59-2885295</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additl Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BOYETTE, WAYNE T. 110 DAVID STREET FT. WALTON BEACH FL 32548</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstalling) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	BOYETTE, WAYNE T.				
STREET ADDRESS	110 DAVID STREET				
CITY-ST-ZIP	FT. WALTON BCH FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	SANDLIN, PATRICK				
STREET ADDRESS	142 TIMBER CREEK DR.				
CITY-ST-ZIP	CORDOVA TN				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	DAVIES, WILLIAM P.				
STREET ADDRESS	5178 WHEELUS #6				
CITY-ST-ZIP	MEMPHIS TN				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	PLYLER, BOBBY				
STREET ADDRESS	652 S. WILLET				
CITY-ST-ZIP	MEMPHIS TN				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do 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 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:  <b>SIGNATURE REQUIRED</b> 3/17/97 (901) 274-0246					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (9/96)