

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90184 046 ****61.25

DOCUMENT # N03195

1. Entity Name
CRYSTAL PORT TOWNHOME OWNERS' ASSOCIATION, INC.



Principal Place of Business

**2942 OLD HIGHWAY 98
DESTIN FL 32541**

Mailing Address

**394 GARDENER DR.
C/O MICHAEL C. FRANCISCO
FORT WALTON BEACH FL 32548
US**

2. Principal Place of Business

3. Mailing Address

1545 RUCKEL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Niceville FL

4. FEI Number **59-2885295**

Applied For

Not Applicable

Zip

Country

Zip

Country

32578

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FRANCISCO, MICHAEL C.
394 GARDENER DR. NE
FORT WALTON BEACH FL 32548**

**FRAN394 325482005 1403 06 07/09/03
NOTIFY SENDER OF NEW ADDRESS
FRANCISCO
1545 RUCKEL DR
NICEVILLE FL 32578-1605**

8. The above named entity submits this statement for the purpose of changing the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/28/03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete
NAME **FRANCISCO, MICHAEL**
STREET ADDRESS **394 GARDENER DR. NE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **PD** ☐ Delete
NAME **SANDLIN, PATRICK**
STREET ADDRESS **142 TIMBER CREEK DR.**
CITY-ST-ZIP **CORDOVA TN**

TITLE **VD** ☐ Delete
NAME **NELSON, DAVID**
STREET ADDRESS **709 HEATHERWOOD DR.**
CITY-ST-ZIP **BIRMINGHAM AL 35244**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael C Francisco 8/28/03 8005604096

CR2E037 (4/03)