FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT

Sandra B. Mort

STATE

Mar 18 1997 8:00am Secretary of State

	1997	The state of the s	Secreta DIVISION OF (IONS	Secreta	ary of State	
DOCU 1. Corporation	MENT #	103531	(3)					
CRYSTAL VILLAS OWNERS' ASSOCIATION, INC.								
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Principal Place of Business Mailing Address						I SOULTED BIS DOLON THE RELIDE ISLO) limi mimit minst dibil didit miste didit imb	
CRYSTAL VILLAS CONDOMINIUMS CRYSTAL VILLAS CONDOMI				MINIUMS				
2850 HWY 98 DESTIN FL 325			2850 HWY 98 E DESTIN FL 32541-3512					
				ſ		3. Date Incorporated or Qualified 06/08/1984	3a. Date of Last Report 04/16/1996	
2. Principal P	lace of Business	2a. Maili	ng Address				Applied For	
21		26	26			4. FEI Number 59-2686402	Not Applicable	
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
City & State		27	City & State				Fee Required	
23	0	28	o state			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Count			Count	у	This corporation has liability for		
24	25	29		30			Yes No	
	9. Name and Addr	ess of Current Registered	Agent	8		10. Name and Address of New Re	gistered Agent	
HADDW	ION DODECT			8	Name			
HARDWICK, ROBERT 2850 HWY. 98 EAST UNIT #B-4 82 Street Address (I						dress (P.O. Box Number is Not Acceptat	ole)	
	FL 32541			84	l City		leel 3 - Out	
				ĺ	'		FL 85 Zip Code	
11. Pursuant office or r	to the provisions of Sec egistered agent, or bot	tions 617.0502 and 617.15b h, in the State of Florida. Su	08, Florida Statute ch change was a	es, the about outhorized b	ve-named cor by the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of changing its registered	
agent. I a	m familiar with, and acc	cept the obligations of, Sect	ion 617.Ŏ503, Flo	orida Statute	s.		or the appendition as registered	
SIGNATURE _	Signature typed or printed nam	e of registered agent and title if applic	able. (NOTE	- Registered A	ient signature regi	uired whon ≀einstating)	DATE	
12.		OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
TATLE	PD		DELETE	1.1 THILE			Change Addition	
NAME	HARDWICK, ROB			1.2 NAME				
STREET ADDRESS	2850 WY. 98 EAS DESTIN FL 32541				T ADDRESS			
CITY-ST-ZIP TITLE	VD VD	· · · · · · · · · · · · · · · · · · ·	DELFTE	1,4 CITY - 2,1 TITLE	SI-7IP		Change Addition	
NAME	BRANNON, TAPP	AN		2.2 NAME			Circlingo Circlingo	
STREET ADDRESS	2850 WY. 98 EAS			2.3 STREE	1 ADDRESS			
CITY-ST-ZIP	DESTIN FL 32541			2 4 CITY	ST - ZIP			
TITLE	STD TOM		DELETE	3 1 1ITLE			Change Addition	
NAME ATOTET +DDDGGG	KASSING, TOM 2850 SCENIC HW	IV DO E		3.2 NAME				
\$TREET ADDRESS	DESTIN FL 32541				1 ADORESS			
CITY-ST-ZIP TITLE	AS	<u> </u>	DELETE	3.4. CITY -	ST-ZIP		Change Addition	
NAME	RUSH, CARL			4, 2 NAME				
STREET ADDRESS	2850 SCENIC HV	/Y 98 E		1	T ADDRESS			
CITY-ST-ZIP	DESTIN FL 32541			4.4 CITY-	S1 - ZIP			
TITLE			DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME				5.2 NAME				
STREET ADDRESS					I ADDRESS			
CITY-ST-ZIP TITLE			DELETE	54 CITY - 61 TITLE	ST - 7/P		Change Addition	
NAME			C percit	6.2 NAME			Fit smarks FT Wodifion	
STREET ADDRESS					I ADDRESS			
OITY OF TIO				0.40174				

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 or an attachment with an address.