

FILE NOW: FILING FEE IS \$61.25

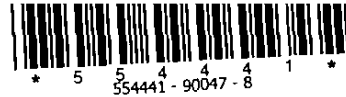
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May 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # NO 3531

1. Corporation Name
CRYSTAL VILLAS OWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
CRYSTAL VILLAS CONDOMINIUMS 2850 SCENIC HWY 98 DESTIN FL 32541	

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 6-8-84
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2686402
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	25. Zip	29. Country
30. Country		

9. Name and Address of Current Registered Agent ROBERT HARDWICK 2850 SCENIC HWY 98 UNIT #B-4 DESTIN, FL 32541	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 617.0802 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: *Robert Hardwick* DATE: 4-29-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT HARDWICK	1.2 NAME	
STREET ADDRESS	2850 SCENIC HWY 98	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAPPAN BRANNON	2.2 NAME	
STREET ADDRESS	2850 SCENIC HWY 98	2.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM KASSING	3.2 NAME	
STREET ADDRESS	2850 SCENIC HWY 98	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONA CANTIN	4.2 NAME	JON HUFSTEDLER
STREET ADDRESS	2850 SCENIC HWY 98	4.3 STREET ADDRESS	2850 SCENIC HWY 98
CITY-ST-ZIP	DESTIN FL 32541	4.4 CITY-ST-ZIP	DESTIN FL 32541
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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, with all other like empowered.

SIGNATURE: *Robert Hardwick* DATE: 4-29-99 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ROBERT HARDWICK

CR2E037 (1/98)