

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90116 017 ****61.25

DOCUMENT # N03531

1. Entity Name

CRYSTAL VILLAS OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**CRYSTAL VILLAS CONDOMINIUMS
 2850 SCENIC HWT 98
 DESTIN FL 32541**

**CRYSTAL VILLAS CONDOMINIUMS
 2850 SCENIC HWT 98
 DESTIN FL 32541
 US**

LUU40404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2686402

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARDWICK, ROBERT
 2850 HWY. 98 EAST
 UNIT 8-4
 DESTIN FL 32541**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
 NAME **HARDWICK, ROBERT**
 STREET ADDRESS **2850 WY. 98 EAST**
 CITY-ST-ZIP **DESTIN FL 32541**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE **VD**
 NAME **BRANNON, TAPPAN**
 STREET ADDRESS **2850 WY. 98 EAST**
 CITY-ST-ZIP **DESTIN FL 32541**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE **STD**
 NAME **KASSING, TOM**
 STREET ADDRESS **2850 SCENIC HWY 98 E**
 CITY-ST-ZIP **DESTIN FL 32541**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE **AS**
 NAME **HUFSTEDLER, JON**
 STREET ADDRESS **2850 SCENIC HWY 98 E**
 CITY-ST-ZIP **DESTIN FL 32541**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00 850-654-0350
 Date Daytime Phone #

CRP2037 (9/99)