

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N03531

1. Entity Name
CRYSTAL VILLAS OWNERS' ASSOCIATION, INC.



Principal Place of Business
**CRYSTAL VILLAS CONDOMINIUMS
2850 SCENIC HWY 98
DESTIN, FL 32541**

Mailing Address
**CRYSTAL VILLAS CONDOMINIUMS
2850 SCENIC HWY 98
DESTIN, FL 32541 US**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2686402

Applied For	Not Applicable
-------------	----------------

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NEWMAN, RAYMOND F JR.
348 MIRALCE STRIP PKWY SW STE 7
FORT WALTON BEACH, FL 32548**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept 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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	STRAUBINGER, VINCENT
STREET ADDRESS	2850 HWY 98 EAST
CITY-ST-ZIP	DESTIN, FL 32541

TITLE	PD
NAME	BRANNON, TAPPAN
STREET ADDRESS	2850 HWY 98 EAST
CITY-ST-ZIP	DESTIN, FL 32541

TITLE	VD
NAME	KASSING, TOM
STREET ADDRESS	2850 SCENIC HWY 98 EAST
CITY-ST-ZIP	DESTIN, FL 32541

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000177057
01/11/05-80021-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] **JON HUFSTEDLER** 1-5-05 850-154-0050