


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

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-2686402 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

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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	STD STRAUBINGER, VINCENT 2850 HWY 98 EAST DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANNON, TAPPAN 2850 HWY 98 EAST DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KASSING, TOM 2850 SCENIC HWY 98 EAST DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUFSTEDLER, JON 2850 SCENIC HWY 98 E 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

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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:  **Jon HUFSTEDLER** Date: **1-5-05** Daytime Phone #: **850-854-0050**