2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03531

FILED Jan 26, 2009 Secretary of State

Entity Name: CRYSTAL VILLAS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

CRYSTAL VILLAS OWNERS ASSOC, INC. 2850 SCENIC HWY 98 DESTIN, FL 32541

Current Mailing Address: New Mailing Address:

CRYSTAL VILLAS OWNERS ASSOC., INC. 2936 SCENIC GULF DRIVE MIRAMAR BEACH, FL 32550 US

FEI Number: 59-2686402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

WADAS, RICHARD CARTER, JAMES W Name: Name: 53 GREEN ACRES DRIVE Address: 1300 15TH AVENUE NW Address: City-St-Zip: WHITESBORO, NY 13492 City-St-Zip: CAIRO, GA 39828

Title: VD () Delete Title: VD (X) Change () Addition GILLIAM, HERMAN A Name: WADAS, RICHARD Name:

Address: 840 BLUEBIRD ROAD Address: 133 GRANITE LANE

City-St-Zip: MEMPHIS, TN 38116 City-St-Zip: CHESTER SPRINGS, PA 19425

Title: STD () Delete Title: () Change () Addition ANSON, COLLEEN Name: Name:

Address: 4309 S. 179TH STREET Address: City-St-Zip: OMAHA, NE 68135 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

Name: CARTER, JAMES Name: GILLIAM, ART 840 BLUEBIRD ROAD Address: 1300 15TH AVE NW Address: City-St-Zip: CAIRO, GA 39828 City-St-Zip: MEMPHIS, TN 38116

Title: () Delete Title: (X) Change () Addition

SLUSASZ, STANLEY Name: Name: VOLL, ALICIA

P.O. BOX 4155 4512 AUGUSTA NATIONAL DR. Address: Address: BRANDON, MS 39047 City-St-Zip: City-St-Zip: FLOYDS KNOBS, IN 47119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. CARTER **PRES** 01/26/2009