


FILED
Feb 07, 2005 8:00 am
Secretary of State

50010784

DOCUMENT # N04000002751			
1. Entity Name VILLAGES OF CRYSTAL BEACH HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 4807 BONAIRE CAY DESTIN, FL 32541		Mailing Address 4807 BONAIRE CAY DESTIN, FL 32541	
2. Principal Place of Business 151 Regions Way Suite, Apt. #, etc. Suite 1-C City & State Destin, FL Zip 32541 Country USA		3. Mailing Address 151 Regions Way Suite, Apt. #, etc. Suite 1-C City & State Destin, FL Zip 32541 Country USA	
		01242005 Chg-NP CR2E037 (10/03)	
		4. FEI Number 20-0873356	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLEAT, DAVID B 4477 LEGENDARY DRIVE SUITE 202 DESTIN, FL 32541		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D LEWIS, K. SCOTT 4807 BONAIRE CAY DESTIN, FL 32541 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D Michael B. Hewitt 151 Regions Way, Suite 1-C Destin, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HEWITT, MICHAEL B 13729 NMESA ROAD OCEAN SPRINGS, MS 39564 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D Michael B. Hewitt 151 Regions Way, Suite 1-C Destin, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GAMBERELLA, LOVENCIE J 205 CHOCTAW DRIVE HOUMA, LA 70360 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D Michael B. Hewitt 151 Regions Way, Suite 1-C Destin, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D Michael B. Hewitt 151 Regions Way, Suite 1-C Destin, FL 32541 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D Michael B. Hewitt 151 Regions Way, Suite 1-C Destin, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Michael B. Hewitt		1-27-05 (850) 650-0599	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	