

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90281 022 ****61.25

DOCUMENT # N04000002751					
1. Entity Name VILLAGES OF CRYSTAL BEACH HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business PALMETTO ST 2 DESTIN, FL 32541			Mailing Address POB 1895 DESTIN, FL 32540		
2. Principal Place of Business - No P.O. Box # 12273 U.S. Hwy 98 Suite, Apt. #, etc. 204A		3. Mailing Address P.O. Box 1895 Suite, Apt. #, etc.			
City & State Destin FL		City & State Destin FL		4. FEI Number 20-0873356	
Zip 32550		Country Walton		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEACOAST ASSOCIATION MGMT 114 PALMETTO ST 2 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name: Seacoast Association Management, Inc. Street Address (P.O. Box Number is Not Acceptable): c/o Walt Leirer 12273 U.S. Hwy 98 Suite 204A City: Destin FL Zip Code: 32550		
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)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP K. Scott Lewis. 4807 Bonaire Cay Destin FL 32541	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEWITT, MICHAEL B 151 REGIONS WAY SUITE 1-C DESTIN, FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Michael B Hewitt 151 Regions Way Suite 1-C Destin FL 32541	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMBERELLA, LOVENCIE J 205 CHOCTAW DRIVE HOUMA, LA 70360	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Lovencie J. Gamberella 205 Choctaw Dr. Houma, LA 70360	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEIRER, WALT POB 1895 DESTIN, FL 32540	☐ 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 exemptions contained 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 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.

4/20/07