

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002751

FILED
Jan 13, 2009
Secretary of State

Entity Name: VILLAGES OF CRYSTAL BEACH HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

12273 US HWY 98
204A
DESTIN, FL 32550

New Principal Place of Business:

12273 US HWY 98
208
DESTIN, FL 32550

Current Mailing Address:

PO BOX 1895
DESTIN, FL 32540

New Mailing Address:

FEI Number: 20-0873356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEACOAST ASSOCIATION MGMT
C/O WALT LEIRER
12273 US HWY 98 SUITE 204A
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LEWIS, K. SCOTT
Address: 4807 BONAIRE CAY
City-St-Zip: DESTIN, FL 32541

Title: P () Delete
Name: HEWITT, MICHAEL B
Address: 151 REGIONS WAY SUITE 1-C
City-St-Zip: DESTIN, FL 32541

Title: ST () Delete
Name: GAMBERELLA, LOVENCIE J
Address: 205 CHOCTAW DRIVE
City-St-Zip: HOUMA, LA 70360

Title: MGR () Delete
Name: LEIRER, WALT
Address: POB 1895
City-St-Zip: DESTIN, FL 32540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MIKE HEWITT

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date