## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400006690

FILED Mar 18, 2008 Secretary of State

Entity Name: VILLAS OF FRANGISTA OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** CRYSTAL DUNES CONDOMINIUMS DESTIN, FL 32541 2900 SCENIC HWY 98 US DESTIN, FL 32541 **Current Mailing Address:** New Mailing Address: CRYSTAL DUNES CONDOMINIUMS 75 COBIA ST DESTIN, FL 32541 US 2900 SCENIC HWY 98 DESTIN, FL 32541 FEI Number: 20-5678067 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: PITTS, WILLIAM E NRAI SERVICES, INC 75 COBIA ST 2731 EXECUTIVÉ PARK DRIVE, SUITE 4 DESTIN, FL 32541 US WESTON, FL 33331 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: REGISTERED AGENT 03/18/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition PITTS, WILLIAM PITTS, WILLIAM Name: Name: 75 COBIA ST Address: 104 STREAM VALLEY RD Address: City-St-Zip: DESTIN, FL 32541 US City-St-Zip: FRANKLIN, TN 37064 US Title: Title: (X) Change ( ) Addition ( ) Delete Name: FOSHEE, MALONE Name: FOSHEE, MALONE Address: 75 COBIA ST Address: 104 STREAM VALLEY RD City-St-Zip: DESTIN, FL 32541 US City-St-Zip: FRANKLIN, TN 37064 US Title: () Delete Title: () Change () Addition PAULUS, DANIEL C Name: Name: 4400 HARDING PIKE, SUITE 101 Address: Address: City-St-Zip: NASHVILLE, TN 372052218 US City-St-Zip: Title: () Delete Title: () Change () Addition BOWMAN, VICTOR S Name: Name: Address: P O BOX 4877 Address: City-St-Zip: SEASIDE, FL 324594877 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: WILLIM PITTS DIR 03/18/2008