2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC -1 PM 1:31

DOCUMENT # N05000003498

1. Entity Name
THE DUNES OF CRYSTAL BEACH OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2780 SCENIC HWY 98 DESTIN, FL 32541	1751 SCENIC HWY 98 DESTIN, FL 32541

11132008 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2780 Scenic Hwy 98	4507 Furling Ln
Suite, Apt. #, etc	Suite, Apt. #, etc The Plaza Unit 113
City & State DESTIN	City & State Destin FL
Zip FL	Country USA
Zip 32541	Country USA

4. FEI Number
20-2844690

Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STERLING RESORTS,LLC 1757 SCENIC HWY 98 DESTIN, FL 32541	Name: Compass Resorts LLC Street Address (P.O. Box Number is Not Acceptable): 4507 Furling Ln The Plaza Unit 113 City: Destin FL Zip Code: 32541

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: Debra D Hughes Debra D. Hughes 11/13/08
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25
After January 1, 2009, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	V CHRISTOPHER, JOHN 2710 LAUREL GARDEN DR KINGWOOD, TX 77339	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 6125
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOLTON, ERIC 3290 KENNEY DR GERMANTOWN, TN 38139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 12/01/08 01/0102 0004
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SUKSTORE, STEVE 602 HARBOR BLVD #101 DESTIN, FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition B 12/2/08
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O DAHLBERG, BILL 1871 CHARTWELL TRACE STONE MOUNTAIN, GA 30087	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition OR
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PAVLAS, JERRY 1204 SERENADE CIRCLE PLANO, TX 75075	☐ 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.

SIGNATURE: [signature] 11/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #