2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41473

FILED Jan 25, 2005 Secretary of State

Entity Name: PHASE I OF CRYSTAL LAKE AT SANDESTIN OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10221 EMERALD COAST PKWY W, SUITE 23 MIRAMAR BEACH, FL 32550

Current Mailing Address: New Mailing Address:

10221 EMERAL COAST PKWY W, SUITE 23 STE 23 MIRAMAR BEACH, FL 32550

FEI Number: 59-3044700 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:

GELDER, JAY 10221 EMERALD COAST PKWY WEST SUITE 23 MIRAMAR BEACH, FL 32550 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP () Delete (X) Change () Addition MILLER, PATRICE MILLER, PATRICE Name: Name: 2113 CLIPPER COVE 2113 CLIPPER COVE Address: Address:

City-St-Zip: SANDESTIN, FL 32550 City-St-Zip: SANDESTIN, FL 32550

Title: () Delete Title: PD (X) Change () Addition QUINLAN, LINDA Name: EDMAN, LINDA Name:

Address: 2077 OLDE TOWNE AVE. Address: 2081 OLDE TOWNE AVE. City-St-Zip: MIRAMAR BEACH, FL 32550 City-St-Zip: MIRAMAR BEACH, FL 32550

Title: STD () Delete Title: **VPD** (X) Change () Addition

ALINI, JOHN CASIANO, PAM Name: Name: 2082 OLDE TOWNE AVE. 2072 OLDE TOWNE AVE. Address: Address: City-St-Zip: SANDESTIN, FL 32550 City-St-Zip: SANDESTIN, FL 32550

(X) Change () Addition Title: DVP () Delete Title: D

Name: COLCORD, NED Name: LEWIS, TRACY Address: 2123 OLDE TOWNE AVE Address: 2105 HIDEAWAY COVE City-St-Zip: SANDESTIN, FL 32550 City-St-Zip: SANDESTIN, FL 32550

Title: () Delete Title: DS (X) Change () Addition

DAMROTH, MARY DAMROTH, MARY Name: Name: 2078 OLDE TOWNE AVE. 2078 OLDE TOWNE AVE. Address: Address: City-St-Zip: SANDESTIN, FL 32550 City-St-Zip: SANDESTIN, FL 32550

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA EDMAN PD 01/25/2005