

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41473

FILED
Jan 17, 2006
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3044700 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GELDER, JAY
10221 EMERALD COAST PKWY WEST
SUITE 23
MIRAMAR BEACH, 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: DT () Delete
Name: MILLER, PATRICE
Address: 2113 CLIPPER COVE
City-St-Zip: SANDESTIN, FL 32550

Title: PD () Delete
Name: EDMAN, LINDA
Address: 2081 OLDE TOWNE AVE.
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: VPD () Delete
Name: CASIANO, PAM
Address: 2072 OLDE TOWNE AVE.
City-St-Zip: SANDESTIN, FL 32550

Title: D () Delete
Name: LEWIS, TRACY
Address: 2105 HIDEAWAY COVE
City-St-Zip: SANDESTIN, FL 32550

Title: DS () Delete
Name: DAMROTH, MARY
Address: 2078 OLDE TOWNE AVE.
City-St-Zip: SANDESTIN, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARBER, DOUG
Address: 2122 OLDE TOWNE AVENUE
City-St-Zip: SANDESTIN, FL 32550

Title: VPD (X) Change () Addition
Name: ADAMS, CHUCK
Address: 2116 OLDE TOWNE AVE.
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: STD (X) Change () Addition
Name: JONES, JESSICA
Address: 2019 PINE ISLAND CIRCLE
City-St-Zip: SANDESTIN, FL 32550

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

Title: D (X) Change () Addition
Name: MORIN, MIKE
Address: 5747 WOODMERE BLVD.
City-St-Zip: MONTGOMERY, AL 36117

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUG BARBER

PD

01/17/2006

Electronic Signature of Signing Officer or Director

Date