

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000631

**FILED**  
**Apr 12, 2004**  
**Secretary of State****Entity Name:** CRYSTAL BEACH CENTER OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**151 REGIONS WAY  
1F  
DESTIN, FL 32541 US**New Principal Place of Business:****Current Mailing Address:**C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DR., STE. 1014  
FT. WALTON BEACH, FL 32547**New Mailing Address:****FEI Number:** 65-0817484**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FOSTER, WILLIAM S  
909 MAR WALT DR., STE. 1014  
FT. WALTON BEACH, FL 32547**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:** D ( ) Delete  
**Name:** CRAWFORD, T.C.  
**Address:** 151 REGIONS WAY, STE. 1F  
**City-St-Zip:** DESTIN, FL 32541**Title:** D ( ) Delete  
**Name:** CRAWFORD, T.C.  
**Address:** 151 REGIONS WAY, SUITE 1F  
**City-St-Zip:** DESTIN, FL**Title:** D ( ) Delete  
**Name:** FOSTER, WILLIAM S  
**Address:** 151 REGIONS WAY, SUITE 1F  
**City-St-Zip:** DESTIN, FL**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:**

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: T. C. CRAWFORD

PRES

04/12/2004

Electronic Signature of Signing Officer or Director

Date