


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90087 036 ****61.25

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| DOCUMENT # N96000004345 |  |
| 1. Entity Name CRYSTAL VIEW OWNERS ASSOCIATION, INC. | |

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| Principal Place of Business 12815 HWY 98 W SUITE 100 MIRAMAR BEACH, FL 32550 | Mailing Address P.O. BOX 1779 DESTIN, FL 32540 |
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40014289



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| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01172007 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 59-3400544 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SMITH, LORETTA W CAM 12815 HWY 98 W, STE. 100 MIRAMAR BEACH, FL 32550 | 7. Name and Address of New Registered Agent Name Smith, Loretta W. CAM Street Address (P.O. Box Number is Not Acceptable) Newman-Dailey Resort Properties 12815 Highway 98 West, Suite 100 City Miramar Beach FL Zip Code 32550 |
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| 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 Loretta W Smith, CAM <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE 1-27-07 <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST FRANK, MYLES 1619 53RD ST MERIDIAN, MS 39305 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary/Treasurer Mock, Randy 2440 Scenic Gulf Hwy #202 Miramar Beach, FL 32550 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LARSON, DAVE 1300 RIVER HOLLOW CT SUWANEE, GA 30024 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GARVEY, RANDY 10525 RED WING CIRCLE OLATHE, KS 66061 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Don [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date 1/28/07 Daytime Phone # 837-1071 |