

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-12-2007 90087 044 \*\*\*\*61.25

**DOCUMENT # N96000005082**

1. Entity Name  
**CRYSTAL VILLAGE II OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**12815 HWY 98W  
100  
MIRAMAR BCH, FL 32550**

Mailing Address  
**P.O. BOX 1779  
MIRAMAR BCH, FL 32540**

**40014001**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**P.O. Box 1779**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172007 Chg-NP CR2E037 (12/06)

City & State

City & State  
**Destin, FL**

4. FEI Number  
**59-3350345**

Applied For  
Not Applicable

Zip

Country

Zip  
**32540**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**SMITH, LORETTA W CAM  
NEWMAN DAILEY RESORT PROP. INC.  
12815 HWY 98 W, STE 100  
MIRAMAR BCH, FL 32541**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code  
**32550**

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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-27-07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete  
NAME **MILLER, GLEN**  
STREET ADDRESS **285 PAYNE ST UNIT 23B**  
CITY-ST-ZIP **MIRAMAR BCH, FL 32550**

TITLE **VP** ☐ Delete  
NAME **KAZEK, JON**  
STREET ADDRESS **285 PAYNE STREET #26B**  
CITY-ST-ZIP **MARAMAR BCH, FL 32550**

TITLE **P** ☐ Delete  
NAME **RUSSELL, MIKE**  
STREET ADDRESS **55 AZURE PLACE**  
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **T** ☐ Delete  
NAME **OAKLEY, PATSY**  
STREET ADDRESS **8290 EVENING GROVE COVE**  
CITY-ST-ZIP **CORDOVA, TN 38018**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **285 Payne Street #26A**  
CITY-ST-ZIP **Miramar Beach, FL 32550**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 a power like empowered.

**SIGNATURE:**

*Mike Russell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/07**

Date

**837-1071**

Daytime Phone #