

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03531

Entity Name: CRYSTAL VILLAS OWNERS' ASSOCIATION, INC.

FILED
Feb 28, 2022
Secretary of State
0581842647CC

Current Principal Place of Business:

CRYSTAL VILLAS OWNERS ASSOC, INC.
2850 SCENIC HWY 98
DESTIN, FL 32541

Current Mailing Address:

CRYSTAL VILLAS OWNERS ASSOC., INC.
4641 GULFSTARR DR STE 104
DESTIN, FL 32541 US

FEI Number: 59-2686402

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTS, JAY
BECKER & POLIAKOFF
348 MIRACLE STRIP PKWY SW STE 7
FORT WALTON BEACH, FL 32548 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: JAY ROBERTS

02/28/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CARTER, JAMES W
Address CRYSTAL VILLAS OWNERS ASSOC.,
 INC.
 4641 GULFSTARR DR STE 104
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name BURGESS, BOBBY
Address CRYSTAL VILLAS OWNERS ASSOC.,
 INC.
 4641 GULFSTARR DR STE 104
City-State-Zip: DESTIN FL 32541

Title SEC / TREAS
Name WITZEL, KURT
Address CRYSTAL VILLAS OWNERS ASSOC.,
 INC.
 4641 GULFSTARR DR STE 104
City-State-Zip: DESTIN FL 32541

Title VP
Name VINSON, MICHAEL
Address CRYSTAL VILLAS OWNERS ASSOC.,
 INC.
 4641 GULFSTARR DR STE 104
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name STAED, JOHN
Address CRYSTAL VILLAS OWNERS ASSOC.,
 INC.
 4641 GULFSTARR DR STE 104
City-State-Zip: DESTIN FL 32541

I hereby 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 all other like empowered.

SIGNATURE: JAMES CARTER

PRES

02/28/2022

Electronic Signature of Signing Officer/Director Detail

Date