

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03531

**Entity Name:** CRYSTAL VILLAS OWNERS' ASSOCIATION, INC.

**FILED**  
**Feb 10, 2021**  
**Secretary of State**  
**7569303237CC**

**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**

**02/10/2021**

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**

**02/10/2021**

Electronic Signature of Signing Officer/Director Detail

Date