

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:05

DOCUMENT # 708995 (6)

1. Corporation Name
CRESCENT MANOR CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
411 SOUTH CRESCENT DRIVE HOLLYWOOD FL 33021
411 SOUTH CRESCENT DRIVE HOLLYWOOD FL 33021

3. Date incorporated or Qualified: 05/20/1965
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-1207489
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CARVALHAIS, ANTONIO
411 SOUTH CRESCENT DRIVE
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARVALHAIS, ANTONIO 411 S CRESCENT DR HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAPARELLA, JOAN 411 S CRESCENT DR HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOMBARD, BETTY 411 S CRESCENT DR HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNCEY, HELEN 411 S CRESCENT DR HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASTORE, MILLIE 411 S CRESCENT DR HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BE IGEL, BETTY 411 S CRESCENT DR HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PRES CARVALHAIS ANTONIO 411 S CRESCENT DRIVE HOLLYWOOD FL 33021
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition V. PRES DANNY CAPOBIANCO 411 S. CRESCENT DRIVE HOLLYWOOD FL 33021
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SECRET-TREAS ANNA B. JACOB 411 S CRESCENT DRIVE HOLLYWOOD 33021 FL
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P. LOMBARD ALBERTA 411 S. CRESCENT DRIVE HOLLYWOOD 33021 FL
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P. BOHLER DONNA 411 S CRESCENT DRIVE HOLLYWOOD FL 33021
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D. YOUNG WELSH 411 S. CRESCENT DR HOLLYWOOD FL 33021

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anna B. Jacob (secretary-treas) 1-19-95 305-987-0107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Change 305-987-0107