

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 708995 (6)**  
 1. Corporation Name  
**CRESCENT MANOR CONDOMINIUM, INC.**



Principal Place of Business  
**411 SOUTH CRESCENT DRIVE HOLLYWOOD FL 33021**

Mailing Address  
**411 SOUTH CRESCENT DRIVE HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified **05/20/1965** 3a. Date of Last Report **01/27/1995**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25 29 30

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 **G. Robert Cleveringa**  
 82 Street Address (P.O. Box Number is Not Acceptable) **411 S. Crescent Dr. # 204**  
 83 **Hollywood,**  
 84 City **FL** 85 Zip Code **33021**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
 SIGNATURE *G. Robert Cleveringa Sec. Treas.* DATE **6-6-96**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARVALHAIS, ANTONIO</b>	1.2 NAME	
STREET ADDRESS	<b>411 S CRESCENT DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPOBIANCO, DANNY</b>	2.2 NAME	
STREET ADDRESS	<b>411 S. CRESCENT DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOB, ANNA B.</b>	3.2 NAME	<b>G. Robert Cleveringa</b>
STREET ADDRESS	<b>411 S. CRESCENT DRIVE</b>	3.3 STREET ADDRESS	<b>Hollywood, Fl.</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	3.4 CITY-ST-ZIP	<b>33021</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOMBARD, ALBERTA</b>	4.2 NAME	
STREET ADDRESS	<b>411 S. CRESCENT DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOHLEN, DONNA</b>	5.2 NAME	
STREET ADDRESS	<b>411 S. CRESCENT DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, ELSIE</b>	6.2 NAME	<b>200001893172</b>
STREET ADDRESS	<b>411 S. CRESCENT DRIVE</b>	6.3 STREET ADDRESS	<b>-07/15/96--01014--013</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	6.4 CITY-ST-ZIP	<b>***61.25</b>

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 119.07(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: *G. Robert Cleveringa* DATE **6-6-96** Daytime Phone # **985-9762**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CS 7/15/96** 95570

CR2E037 (3/96)