


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90113 015 \*\*\*\*61.25

<b>DOCUMENT # 708995</b> 1. Entity Name <b>CRESCENT MANOR CONDOMINIUM, INC.</b>	
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Principal Place of Business <b>411 SOUTH CRESCENT DRIVE HOLLYWOOD, FL 33021</b>	Mailing Address <b>411 SOUTH CRESCENT DRIVE HOLLYWOOD, FL 33021</b>
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2. Principal Place of Business	3. Mailing Address	01222006 Chg-NP CR2E037 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>59-1207489</b>
City & State	City & State	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



<b>6. Name and Address of Current Registered Agent</b>  <b>CALDERIN, CAROLE</b> <b>411 SOUTH CRESCENT DRIVE, #103</b> <b>HOLLYWOOD, FL 33021</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>P</b>	TITLE	<b>P</b>
NAME	<b>SCHIANO, ANTHONY</b> <input checked="" type="checkbox"/> Delete	NAME	<b>SOLEN, WILLIAM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>411 S CRESCENT DR #102</b>	STREET ADDRESS	<b>411 S. CRESCENT DR #204</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>	CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLEVINGER, ROBERT</b>	NAME	<b>JACOBS, ANNA</b>
STREET ADDRESS	<b>411 S CRESCENT DR #204</b>	STREET ADDRESS	<b>411 S. CRESCENT DR #105</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>	CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>
TITLE	<b>STD</b> <input type="checkbox"/> Delete	TITLE	
NAME	<b>CALDERIN, CAROLE</b>	NAME	
STREET ADDRESS	<b>411 SOUTH CRESCENT DRIVE #103</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FLA, 33021</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOBS, ANNA</b>	NAME	<b>RUBER, ISABEL</b>
STREET ADDRESS	<b>411 S CRESCENT DR # 105</b>	STREET ADDRESS	<b>411 S. CRESCENT DR. # 101</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>	CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	
NAME	<b>JACOBS, RICHARD</b>	NAME	
STREET ADDRESS	<b>411 S. CRESENT DR. #201</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.

**SIGNATURE:** Carole Calderin **CAROLE CALDERIN** 3/1/06 954-816-3410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #