

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 90506 029 ****61.25

DOCUMENT # 708995

1. Entity 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**

55042026



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1207489**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAIDELIN
CALOERIN, CAROLE
411 SOUTH CRESCENT DRIVE, #103
HOLLYWOOD FL 33021**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
NAME **SCHIANO, ANTHONY**
STREET ADDRESS **411 S CRESCENT DR #102**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **CLEVINGER, ROBERT**
STREET ADDRESS **411 S CRESCENT DR #204**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** Delete
NAME **CALDERIN, CAROLE**
STREET ADDRESS **411 SOUTH CRESCENT DRIVE #103**
CITY-ST-ZIP **HOLLYWOOD FLA 33021**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **JACOBS, ANNA**
STREET ADDRESS **411 S CRESCENT DR # 105**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **YOUNG, ELSIE**
STREET ADDRESS **411 S CRESCENT DR #101**
CITY-ST-ZIP **HOLLYWOOD FL 33021**
deceased

TITLE Change Addition
NAME **JACOBS, RICHARD**
STREET ADDRESS **411 S CRESCENT DR. #201**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE FORWARDED

4/18/03

954-986-7325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)