


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 728301 1. Entity Name CREST CONDOMINIUM APARTMENT ASSOCIATION, INC	
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Principal Place of Business 6402 RAILROAD AVE CRESTWOOD KY 40014	Mailing Address P.O. BOX 306 CRESTWOOD KY 40014 US
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State	City & State
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4. FEI Number 61-0862567	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SABERSON, ROGER 70 SE 4TH AVE POST OFFICE BOX F DELRAY BEACH FL 33483
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	FL	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE) Registered Agent signature required when reinstating</small>	DATE _____
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FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> PD MCMAHAN, ARVEL RT. 1 HWY 22, BOX 306 CRESTWOOD KY </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> SD STOESS, CLAYTON E 6207 POTTS LANE CRESTWOOD KY </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> T TAYLOR, BILL 5919 CENTERWOOD DR. CRESTWOOD KY 40014 </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> _____ _____ _____ </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> _____ _____ _____ </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> _____ _____ _____ </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> </table>	PD MCMAHAN, ARVEL RT. 1 HWY 22, BOX 306 CRESTWOOD KY	<input type="checkbox"/> Delete	SD STOESS, CLAYTON E 6207 POTTS LANE CRESTWOOD KY	<input type="checkbox"/> Delete	T TAYLOR, BILL 5919 CENTERWOOD DR. CRESTWOOD KY 40014	<input type="checkbox"/> Delete	_____ _____ _____	<input type="checkbox"/> Delete	_____ _____ _____	<input type="checkbox"/> Delete	_____ _____ _____	<input type="checkbox"/> Delete
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_____ _____ _____	<input type="checkbox"/> Delete												

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> _____ _____ _____ </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;"> 000000237151 02/21/05-80046-007 61.25 </td> <td></td> </tr> </table>	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	000000237151 02/21/05-80046-007 61.25	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Arvel McMahan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>2-18-05</u>	Daytime Phone #: <u>502-241-8811</u>
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