

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 738381

(3)

1. Corporation Name

CREST BREEZE MANOR ASSOCIATION, INC.

Principal Place of Business

Mailing Address

107 CRESTBREEZE MANOR  
CRESCENT CITY FL 32112  
US

PO BOX 36  
CRESCENT CITY FL 32112  
US

2. Principal Place of Business

2a. Mailing Address

21 126 Crestbreeze Manor

26 P.O. Box 43

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Crescent City FL

City & State

28 Crescent City FL

Zip

24 32112

Country

Zip

29 32112

Country

30

9. Name and Address of Current Registered Agent

GRAL, IMOGENE L.  
124 CRESTBREEZE MANOR  
CRESCENT CITY FL 32112

3. Date Incorporated or Qualified

03/16/1977

4. FEI Number

59-2869266

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Melissa D. Frank

82 Street Address (P.O. Box Number is Not Acceptable)

126 Crestbreeze Manor

83

Crescent City

84 City

FL

85 Zip Code

32112

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

Melissa D. Frank

Melissa D. Frank

10-13-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME SMITH JAMES W.

STREET ADDRESS 107 CRESTBREEZE MANOR

CITY-ST-ZIP CRESCENT CITY FL

TITLE VP ☒ DELETE

NAME WILSON PAUL

STREET ADDRESS 130 CRESTBREEZE MANOR

CITY-ST-ZIP CRESCENT CITY FL

TITLE TD ☐ DELETE

NAME FRANK, MELISSA D

STREET ADDRESS PO BOX 43 N/A, 126 CRESTBREEZE MANOR

CITY-ST-ZIP CRESCENT CITY FL

TITLE SD ☒ DELETE

NAME SMITH APRIL

STREET ADDRESS 107 CRESTBREEZE MANOR

CITY-ST-ZIP CRESCENT CITY FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME

Paul Wilson

1.3 STREET ADDRESS

130 Crestbreeze Manor

1.4 CITY-ST-ZIP

Crescent City FL 32112

2.1 TITLE

VP

2.2 NAME

Francis GIAL

2.3 STREET ADDRESS

124 Crestbreeze Manor

2.4 CITY-ST-ZIP

Crescent City, FL 32112

3.1 TITLE

6

3.2 NAME

300002670413-7

3.3 STREET ADDRESS

-10/22/98--01087--008

3.4 CITY-ST-ZIP

\*\*\*\*\*61.25 \*\*\*\*\*61.25

4.1 TITLE

SD

4.2 NAME

Bonnie Nelson

4.3 STREET ADDRESS

112 Crestbreeze Manor

4.4 CITY-ST-ZIP

Crescent City, FL 32112

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 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:

Melissa D. Frank

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melissa D. Frank

Date

8-28-98

Daytime Phone #

(904) 698-

2248

0000520

CR2E037 (5/98)

FILED

98 OCT 20 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

