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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 738381

1. Corporation Name

CREST BREEZE MANOR ASSOCIATION, INC.

Principal Place of Business

126 CRESTBREEZE MANOR  
CRESCENT CITY FL 32112  
US

Mailing Address

P.O. BOX 49  
CRESCENT CITY FL 32112  
US



2. Principal Place of Business

21 139 Crestbreeze Manor  
Suite, Apt. #, etc.

2a. Mailing Address

26 R.R.2, Box 49  
Suite, Apt. #, etc.

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  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

FRANK, MELISSA D  
126 CRESTBREEZE MANOR  
CRESCENT CITY FL 32112

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE PD ☒ DELETE

NAME WILSON, PAUL  
STREET ADDRESS 130 CRESTBREEZE MANOR  
CITY-ST-ZIP CRESCENT CITY FL 32112

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME RICH, MALCOLM  
1.3 STREET ADDRESS 139 Crestbreeze Manor  
1.4 CITY-ST-ZIP Crescent City, FL 32112

TITLE VP ☒ DELETE

NAME GAAL, FRANCIS  
STREET ADDRESS 124 CRESTBREEZE MANOR  
CITY-ST-ZIP CRESCENT CITY FL 32112

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME DUDLEY, FRANK  
2.3 STREET ADDRESS P.O. Box 1202 (NA)  
2.4 CITY-ST-ZIP Bunnell, Florida 32110

TITLE TD ☒ DELETE

NAME FRANK, MELISSA D  
STREET ADDRESS 126 CRESTBREEZE MANOR  
CITY-ST-ZIP CRESCENT CITY FL 32112

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME JACOBS, Bonnie  
3.3 STREET ADDRESS 140 Crestbreeze Manor  
3.4 CITY-ST-ZIP Crescent City, FL 32112

TITLE SD ☒ DELETE

NAME NELSON, BONNIE  
STREET ADDRESS 112 CRESTBREEZE MANOR  
CITY-ST-ZIP CRESCENT CITY FL 32112

4.1 TITLE TD ☒ Change ☐ Addition

4.2 NAME DUDLEY, ANN  
4.3 STREET ADDRESS P.O. Box 1202 (N.A.)  
4.4 CITY-ST-ZIP Bunnell, FL 32110

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

MALCOLM RICH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/99  
Date

704/6981933  
Daytime Phone #

CR2E037 (11/98)