

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738381

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: CREST BREEZE MANOR ASSOCIATION, INC.

## Current Principal Place of Business:

130 CRESTBREEZE MANOR  
CRESCENT CITY, FL 32112 US

## New Principal Place of Business:

140 CRESTBREEZE MANOR  
CRESCENT CITY, FL 32112 US

## Current Mailing Address:

130 CRESTBREEZE MANOR  
CRESCENT CITY, FL 32112 US

## New Mailing Address:

140 CRESTBREEZE MANOR  
CRESCENT CITY, FL 32112 US

FEI Number: 59-2869266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NAHABEDIAN, JANE M  
130 CREST BREEZE MANOR  
CRESCENT CITY, FL 32112 US

## Name and Address of New Registered Agent:

HAENFLER, JJAMES A  
20 N SUMMIT STREET  
CRESCENT CITY, FL 32112 US

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.

SIGNATURE: JAMES HAENFLER

04/08/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: DUDLEY, FRANK  
Address: 144 CREST BREEZE MANOR  
City-St-Zip: CRESCENT CITY, FL 32112

Title: SD ( ) Delete  
Name: KAYE, SHEILA  
Address: 140 CREST BREEZE MANOR  
City-St-Zip: CRESCENT CITY, FL 32112

Title: PD ( ) Delete  
Name: NAHABEDIAN, JANE M  
Address: 130 CRESTBREEZE MANOR  
City-St-Zip: CRESCENT CITY, FL 32112

Title: TD ( ) Delete  
Name: DUDLEY, ANN  
Address: 144 CREST BREEZE MANOR  
City-St-Zip: CRESCENT CITY, FL 32112

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: NORRIS, JOHN  
Address: 140 CRESTBREEZE MANOR  
City-St-Zip: CRESCENT CITY, FL 32112

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN NORRIS

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date