

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90012 005 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                  |                                                                                     |                                                       |                                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N00297</b><br>1. Entity Name<br><b>CRESAP ARMS CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                  |                                                                                     |                                                       |                                                                                                                                                                                     |  |
| Principal Place of Business<br>15927 SW 15TH AVE.<br>NEWBERRY, FL 32669 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                  |                                                                                     |                                                       | Mailing Address<br>15927 SW 15TH AVE.<br>NEWBERRY, FL 32669 US                                                                                                                      |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                  | 3. Mailing Address                                                                  |                                                       |                                                                                                                                                                                     |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                  | Suite, Apt. #, etc.                                                                 |                                                       |                                                                                                                                                                                     |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                  | City & State                                                                        |                                                       |                                                                                                                                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                                          | Zip                                                                                 | Country                                               |                                                                                                                                                                                     |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                  |                                                                                     |                                                       | 7. Name and Address of New Registered Agent                                                                                                                                         |  |
| LENHART, EUGENE E<br>15927-SW-15TH-AVE<br>NEWBERRY, FL 32669                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                  |                                                                                     |                                                       | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>     |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <div style="float: right;">DATE _____</div>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                  |                                                                                     |                                                       |                                                                                                                                                                                     |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                       | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                  | <b>Make check payable to</b><br><b>Florida Department of State</b>                  |                                                       |                                                                                                                                                                                     |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                  |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>LENHART, EUGENE E<br>3615 NW 51 TERRACE<br>GAINESVILLE, FL 32606 <div style="text-align: right;"><input type="checkbox"/> Delete</div>     |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>Lenhart, Eugene<br>15927 SW 15th Ave<br>Newberry, FL 32669 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VPD<br>COUCH, RUPERT<br>8871 RUNNYMEAD RD<br>JACKSONVILLE, FL 32257 <div style="text-align: right;"><input type="checkbox"/> Delete</div>        |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STD<br>WEAVER, CHAD<br>15927 SW 15TH AVE.<br>NEWBERRY, FL 32669 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <div style="text-align: right;"><input type="checkbox"/> Delete</div>                                                                            |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | STD<br>Lenhart, Laura<br>15927 SW 15th Ave<br>Newberry, FL 32669 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <div style="text-align: right;"><input type="checkbox"/> Delete</div>                                                                            |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <div style="text-align: right;"><input type="checkbox"/> Delete</div>                                                                            |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>                                                                             |  |
| 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. |                                                                                                                                                  |                                                                                     |                                                       |                                                                                                                                                                                     |  |
| <b>SIGNATURE:</b> Eugene E. Lenhart                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                  |                                                                                     | 1-7-04 (352) 472-9890                                 |                                                                                                                                                                                     |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                  |                                                                                     | Date Daytime Phone #                                  |                                                                                                                                                                                     |  |