2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N00297.

1. Entity Name
CRESAP ARMS CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 11, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
15927 SW 15TH AVE. NEWBERRY, FL 32669 US	15927 SW 15TH AVE. NEWBERRY, FL 32669 US

01072005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2442003
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LENHART, EUGENE E
15927 SW 15TH AVE.
NEWBERRY, FL 32669

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LENHART, EUGENE
STREET ADDRESS	15927 SW 15TH AVE
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	VPD
NAME	COUCH, RUPERT
STREET ADDRESS	8871 RUNNYMEAD RD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	STD
NAME	LENHART, LAURA
STREET ADDRESS	15927 SW 15TH AVE
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[illegible] 17368
01/11/05-80035-004 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)(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.

SIGNATURE: Eugene E. Lenhart 1/8/05 (352) 494-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Eugene E. Lenhart