2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003 8:00 am
Secretary of State
01-07-2003 90028 025 ****61.25

DOCUMENT # N00297

1. Entity Name
CRESAP ARMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3615 NW 51ST TERR GAINESVILLE FL 32606 US	3615 NW 51ST TERR GAINESVILLE FL 32606 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
15927 SW 15TH Ave	15927 SW 15TH Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Newberry, FL	City & State: Newberry, FL
Zip: 32669 Country: USA	Zip: 32669 Country: USA

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	7. Name and Address of New Registered Agent
LENHART, EUGENE E 3615 NW 51ST TERR GAINESVILLE FL 32606	Name: Eugene E. Lenhart Street Address (P.O. Box Number is Not Acceptable): 15927 SW 15TH Ave City: Newberry FL Zip Code: 32669

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: Eugene E. Lenhart — 1-6-03 (DATE)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD LENHART, EUGENE E 3615 NW 51 TERRACE GAINESVILLE FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lenhart, Eugene E 15927 SW 15th Ave Newberry, FL 32669	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COUCH, RUPERT 8871 RUNNYMEAD RD JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Couch, Rupert 8871 Runnymead Rd Jacksonville, FL 32257	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WEAVER, CHAD 422 NW 15TH ST GAINESVILLE FL 32603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Lenhart, Laura 15927 SW 15th Ave Newberry, FL 32669	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAANGAY, JOY 434 NW 15TH ST GAINESVILLE FL 32603	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 SIGNATURE REQUIRED — 1-6-03 (Date) (352) 335-7243 (Daytime Phone #)