2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000002838

CITY-\$1-ZIP



FILED

Apr 07, 2006 8:00 am Secretary of State

04-07-2006 90019 017 ****61.25

CRESTWICK CROSSING HOMEOWNERS ASSOCIATION. 40045660 Principal Place of Business Mailing Address 920 3RD ST 920 3RD ST STE B STE B NEPTUNE BEACH, FL 32266 NEPTUNE BEACH, FL 32266 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-3715599 Applied For City & State City & State Not Applicable Zip 7in Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALLACE, L. DENISE 920 3RD ST Street Address (P.O. Box Number is Not Acceptable) STE B NEPTUNE BEACH, FL 32266 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE Delete HASSELBACH, DAVID NAME NAME 14025 CRESTWICK DR E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32218 CITY-ST-ZIP VPD TITLE Delete TITLE Change X Addition SD SCOTT, KIMBERLY NAME NAME Pârtain, Lance 13940 Crestwick Drive West STREET ADDRESS 14047 RIDGEWICK DR STREET ADDRESS CITY - ST - ZIP JACKSONVILLE, FL 32218 CITY-ST-ZIP Jacksonville, FL 32218 TITLE X Delete TITLE Change X Addition Wiens, Patrick 14236 Crestwick Drive West FERGUSON, SAMUEL NAME NAME STREET ADDRESS 14031 RIDGEWICK DR STREET ADDRESS JACKSONVILLE, FL 32218 CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32218 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

SIGNATURE: