

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 21, 2007
Secretary of State**

DOCUMENT# N32936

Entity Name: CRESCENT GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4306 ARNOLD AVE.
NAPLES, FL 34104 US

New Principal Place of Business:

2335 9TH STREET NORTH
SUITE 505
NAPLES, FL 34103 US

Current Mailing Address:

P.O. BOX 110339
NAPLES, FL 34108 US

New Mailing Address:

2335 9TH STREET NORTH
SUITE 505
NAPLES, FL 34103 US

FEI Number: 65-0128289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GULF VIEW PROPERTY MANAGEMENT, INC
2335 9TH ST NORTH
SUITE 505
NAPLES, FL 34103 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: JACQUELYN DZINGLESKI

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOWELL, JACOBSON
Address: 9578 CRESCENT GARDEN CT SUITE B101
City-St-Zip: NAPLES, FL 34109

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

Title: VPD () Delete
Name: ZIDER, RUTH
Address: 9605 CRESCENT GARDEN DR SUITE E101
City-St-Zip: NAPLES, FL 34109 US

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

Title: TSD () Delete
Name: SIEVERT, LOIS
Address: 9613 CRESCENT GARDEN DR SUITE F101
City-St-Zip: NAPLES, FL 34109

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: LOWELL JACOBSON

PRES

11/21/2007

Electronic Signature of Signing Officer or Director

Date