

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 30, 2009
Secretary of State**

DOCUMENT# N32936

Entity Name: CRESCENT GARDENS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2335 9TH STREET NORTH
SUITE 505
NAPLES, FL 34103 US**New Principal Place of Business:**2335 TAMIAMI TRAIL NORTH
SUITE 402
NAPLES, FL 34103 US**Current Mailing Address:**2335 9TH STREET NORTH
SUITE 505
NAPLES, FL 34103 US**New Mailing Address:**2335 TAMIAMI TRAIL NORTH
SUITE 402
NAPLES, FL 34103 US

FEI Number: 65-0128289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:GULF VIEW PROPERTY MANAGEMENT, INC
2335 9TH ST NORTH
SUITE 505
NAPLES, FL 34103 US**Name and Address of New Registered Agent:**CAMBRIDGE PROPERTY MANAGEMENT OF SWFL, INC
2335 TAMIAMI TRAIL NORTH
SUITE 402
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: JAMES FARESE, CAM

09/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: JACOBSON, LOWELL
Address: 9578 CRESCENT GARDEN DR #B-101
City-St-Zip: NAPLES, FL 34109Title: VPD () Delete
Name: LEPORE, SHERI
Address: 9589 CRESCENT GARDEN DR #C-102
City-St-Zip: NAPLES, FL 34109 USTitle: TSD () Delete
Name: BRINKMEYER, WILLIS
Address: 9570 CRESCENT GARDEN DR #A-201
City-St-Zip: NAPLES, FL 34109**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: LEPORE, SHERI
Address: 9589 CRESCENT GARDEN DR #C-102
City-St-Zip: NAPLES, FL 34109Title: TSD (X) Change () Addition
Name: JACOBSON, LOWELL
Address: 9578 CRESCENT GARDEN DR #B-101
City-St-Zip: NAPLES, FL 34109 USTitle: VPD (X) Change () Addition
Name: BRINKMEYER, WILLIS
Address: 9570 CRESCENT GARDEN DR #A-201
City-St-Zip: NAPLES, FL 34109

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: JAMES FARESE

CAM

09/30/2009

Electronic Signature of Signing Officer or Director

Date