

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90074 004 ****61.25

DOCUMENT # N95000000091					
1. Entity Name CRESCENT PARK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1813 N. DEAN ROAD SUITE 103 ORLANDO, FL 32817 US			Mailing Address 1813 N. DEAN ROAD SUITE 103 ORLANDO, FL 32817 US		
2. Principal Place of Business 498 Palm Springs Drive Suite, Apt. #, etc. 235		3. Mailing Address 498 Palm Springs Drive Suite, Apt. #, etc. 235		03302004 Chg-NP CR2E037 (10/03)	
City & State Altamonte Springs Florida		City & State Altamonte Springs, FL		4. FEI Number 59-3308141	
Zip 32701		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENN FIRST MANAGEMENT, INC. 1813 N. DEAN ROAD SUITE 103 ORLANDO, FL 32817			7. Name and Address of New Registered Agent Name: James W. Boyle Street Address (P.O. Box Number is Not Acceptable): 498 Palm Springs Drive Suite 235 City: Altamonte Springs FL Zip Code: 32701		
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: 4/3/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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 SD	NAME WRIGHT, KELLY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3824 CRESCENT PARK BLVD	CITY-ST-ZIP ORLANDO, FL 32812		NAME PD McClouth, Mike	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD	NAME MCLOUTH, MIKEL	<input type="checkbox"/> Delete	STREET ADDRESS 6743 EQUINUX AVE	CITY-ST-ZIP ORLANDO, FL 32812	
TITLE PD	NAME GALATOWITSCH, PATRICK	<input checked="" type="checkbox"/> Delete	STREET ADDRESS 6867 LUNAR LANE	CITY-ST-ZIP ORLANDO, FL 32812	
TITLE TD	NAME MCDONALD, MARY	<input type="checkbox"/> Delete	STREET ADDRESS 3824 CRESCENT PARK BLVD	CITY-ST-ZIP ORLANDO, FL 32812	
TITLE D	NAME ECHEVARRIA, LUIS	<input checked="" type="checkbox"/> Delete	STREET ADDRESS 6860 SCYTHE AVENUE	CITY-ST-ZIP ORLANDO, FL 32812	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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:			(407) 260-5344		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		