

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90051 015 \*\*\*\*61.25

**DOCUMENT # 726748**



1. Entity Name  
**CRESCENT BEACH OCEAN HOUSE ASSOCIATION, INC.**

Principal Place of Business  
**7870 A1A SOUTH  
SAINT AUGUSTINE, FL 32080**

Mailing Address  
**7870 A1A SOUTH  
SAINT AUGUSTINE, FL 32080**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1564464**

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

**LANE, KIM  
7870 A1A SOUTH #114  
SAINT AUGUSTINE, FL 32086**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

*Kim Lane*

*2/6/08*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	REISLER, JAMES	
STREET ADDRESS	7843 BELLEMEADE BLVD. SO.	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HENDERSON, FRED	
STREET ADDRESS	2250 NW 19TH LANE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAYBIEL, WARREN	
STREET ADDRESS	7870 A1A SOUTH #210	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, PENNY	
STREET ADDRESS	4811 NW 71ST BLVD.	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRATTON, DEBRA	
STREET ADDRESS	22 POINCIANA AVENUE	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	T	<input type="checkbox"/> Delete
NAME	PALMERO, GARY	
STREET ADDRESS	7879 A1A SOUTH #306	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kiesler James	
STREET ADDRESS	7843 Bellemeade Blvd. So.	
CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #