## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 722293**

FILED Jan 09, 2009 Secretary of State

Entity Name: CRECIENTE CONDOMINIUM ASSOCIATION, INC

	Tillcipal Flace o	of Business:	New Principal Plac	New Principal Place of Business:	
	ERO BLVD. S BEACH, FL 33	3931			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	ERO BLVD. IS BEACH, FL 33	3931			
FEI Number	: 59-1470307	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
1833 HAÑ FORT MY	ERS, FL 33902	US			
	e named entity su e of Florida.	bmits this statement for the	purpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
	Electronic	Signature of Registered Ag	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TD () D PAPIERNIAK, RO 7148 ESTERO BL FORT MYERS BE	BERT LVD #321	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	VD () D DALTON, JOHN		Title: Name: Address:	( ) Change ( ) Addition	
Address: City-St-Zip:	7146 ESTERO BL FT. MYERS BEAC		City-St-Zip:		
Address:	7146 ESTERO BL	CH, FL 33931 Delete C LVD		()Change ()Addition	
Address: City-St-Zip: Title: Name: Address:	7146 ESTERO BL FT. MYERS BEAC DS () D MILLER, EDITH C 7146 E STERO B FORT MYERS BE	CH, FL 33931 Delete CLVD EACH, FL 33931 Delete UIL LVD., #800	City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	7146 ESTERO BL FT. MYERS BEAC DS ()D MILLER, EDITH C 7146 E STERO B FORT MYERS BE DP ()D CARPENTER, GA 7150 ESTERO BL FORT MYERS BE	CH, FL 33931  Delete CLVD  EACH, FL 33931  Delete  JUL  LVD., #800  EACH, FL 33931  Delete  EACH, FL 33931	City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address:	., .	

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: GAIL CARPENTER DP 01/09/2009