

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728338

FILED  
Mar 16, 2009  
Secretary of State

**Entity Name:** CRESTON HOUSE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5930 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

5930 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 59-1506624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLIGOOD, JUDY  
3942 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: STEVENSON, HENRY  
Address: 148 CATTAIL CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete  
Name: ALLEN, DON  
Address: 5930 A1A SOUTH #3-A  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S ( ) Delete  
Name: LAFLEUR, NINA  
Address: 4704 SHORE DR  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: P ( ) Delete  
Name: WHEELER, CLARK  
Address: 3745 SW 6TH PL  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: CEROTZKE, KEN  
Address: 5930 A1A SOUTH 4D  
City-St-Zip: SAINT AUGUSTINE, FL 32080

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: HENRY STEVENSON

D

03/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date