FILE NOW: FILING FEE IS $61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738381 (3)

1. Corporation Name
CREST BREEZE MANOR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~RR 2 BOX 45A~~ CRESCENT CITY FL 32112	~~RR 2 BOX 45A~~ CRESCENT CITY FL 32112-9605

3. Date Incorporated or Qualified: 03/16/1977
3a. Date of Last Report: 03/27/1996

2. Principal Place of Business
21: 107 CRESTBREEZE MANOR
22: Suite, Apt. #, etc.
23: City & State: CRESCENT CITY FL
24: Zip: 32112
25: Country: USA

2a. Mailing Address
26: P.O. BOX 36
27: Suite, Apt. #, etc.
28: City & State: CRESCENT CITY FL.
29: Zip: 32112
30: Country: USA

4. FEI Number: 59-2869266 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
~~GALLA IMOGENE L~~
124 CRESTBREEZE MANOR
CRESCENT CITY FL 32112
(NAME SPELLING CORRECTION ONLY)

10. Name and Address of New Registered Agent
81 Name: GAAL, IMOGENE L.
82 Street Address (P.O. Box Number is Not Acceptable): 124 CRESTBREEZE MANOR
83
84 City: CRESCENT CITY FL 85 Zip Code: 32112

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE N/A
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PETTIT, PAUL		1.2 NAME	SMITH, JAMES W.	
STREET ADDRESS	129 CRESTBREEZE MANOR		1.3 STREET ADDRESS	104 CRESTBREEZE MANOR	
CITY-ST-ZIP	CRESCENT CITY FL		1.4 CITY-ST-ZIP	CRESCENT CITY FL.	
TITLE	SD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PETTIT, WILMA L		2.2 NAME	WILSON PAUL	
STREET ADDRESS	129 CRESTBREEZE MANOR		2.3 STREET ADDRESS	120 CRESTBREEZE MANOR	
CITY-ST-ZIP	CRESCENT CITY FL		2.4 CITY-ST-ZIP	CRESCENT CITY, FL.	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRANK, MELISSA D		3.2 NAME		
STREET ADDRESS	PO BOX 43 N/A, 126 CRESTBREEZE MANOR		3.3 STREET ADDRESS		
CITY-ST-ZIP	CRESCENT CITY FL		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	RICH, MALCOLM D		4.2 NAME	SMITH APRIL L.	
STREET ADDRESS	139 CRESTBREEZE MANOR		4.3 STREET ADDRESS	104 CRESTBREEZE MANOR	
CITY-ST-ZIP	CRESCENT CITY FL		4.4 CITY-ST-ZIP	CRESCENT CITY FL.	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [signature] 03-13-97 904-498-1731