

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90035 009 \*\*\*\*61.25

**DOCUMENT # 738381**

1. Entity Name

CREST BREEZE MANOR ASSOCIATION, INC.



Principal Place of Business

124 CRESTBREEZE MANOR  
CRESCENT CITY FL 32112  
US

Mailing Address

124 CRESTBREEZE MANOR  
CRESCENT CITY FL 32112  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2869266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GAAL, JEAN  
124 CRESTBREEZE MANOR  
CRESCENT CITY FL 32112

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 VP  
NAME DUDLEY, FRANK ☐ Delete  
STREET ADDRESS 144 CRESTBREEZE MANOR  
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE SD  
NAME KICKLIGHTER, LORRAINE ☒ Delete  
STREET ADDRESS 118 CRESTBREEZE MANOR  
CITY-ST-ZIP DAYTONA BEACH FL 32117

TITLE PD  
NAME PETTIT, LORRAINE ☐ Delete  
STREET ADDRESS 129 CRESTBREEZE MANOR  
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE TD  
NAME GAAL, JEAN ☐ Delete  
STREET ADDRESS 124 CRESTBREEZE MANOR  
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Change ☐ Addition  
NAME DUDLEY, FRANK  
STREET ADDRESS 144 Crestbreeze Manor  
CITY-ST-ZIP Crescent City, Fl. 32112

TITLE SD ☒ Change ☐ Addition  
NAME Kicklighter, Joan  
STREET ADDRESS 118 Crestbreeze Manor  
CITY-ST-ZIP Crescent City, Fl. 32112

TITLE PD ☐ Change ☐ Addition  
NAME PETTIT, LORRAINE  
STREET ADDRESS 129 Crestbreeze Manor  
CITY-ST-ZIP Crescent City, Fl. 32112

TITLE TD ☐ Change ☐ Addition  
NAME GAAL, JEAN  
STREET ADDRESS 124 Crestbreeze Manor  
CITY-ST-ZIP Crescent City, Fl. 32112

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

JEAN GAAL - Jean Gaal  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/23/04