

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90372 026 \*\*\*\*61.25

**DOCUMENT # 738381**

1. Entity Name  
CREST BREEZE MANOR ASSOCIATION, INC.



40050951



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  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

04082006 Chg-NP CR2E037 (11/05)

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  
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 reappointing) DATE

Filing Fee is \$61.25  
Due by May 1, 2006

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	<input type="checkbox"/> Delete
NAME	DUDLEY, FRANK	
STREET ADDRESS	144 CRESTBREEZE MANOR	
CITY-ST-ZIP	CRESCENT CITY, FL 32112	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HERRIN, BRAD	
STREET ADDRESS	119 CRESTBREEZE MANOR	
CITY-ST-ZIP	CRESCENT CITY, FL 32112	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BATTEN, TONY M	
STREET ADDRESS	424 HILLCREST BLVD	
CITY-ST-ZIP	BLACKSHEAR, GA 31516	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, ROBERT	
STREET ADDRESS	116 CRESTBREEZE MANOR	
CITY-ST-ZIP	CRESCENT CITY, FL 32112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUE MILLER	
STREET ADDRESS	129 CRESTBREEZE MANOR	
CITY-ST-ZIP	CRESCENT CITY, FL 32112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN BATTEN	
STREET ADDRESS	424 HILLCREST BLVD	
CITY-ST-ZIP	BLACKSHEAR, GA 31516	
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: Tony M. Batten 4-12-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #