

*FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 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 # 764317 (4)

1. Corporation Name

CRESTWOOD MANOR HOMEOWNERS' ASSOCIATION OF CREST
VIEW, INC.

Principal Place of Business

Mailing Address

1306 VALLEY ROAD
CRESTVIEW FL 32536

1306 VALLEY ROAD
CRESTVIEW FL 32539-8907



3. Date Incorporated or Qualified
07/27/1982

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COTTON, A.W.
1306 VALLEY RD
CRESTVIEW FL 32536

ZIP CHANGE

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code
32539

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

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 PD
NAME MCMORROW, GARY M.
STREET ADDRESS 307-B WEST U.S. 90
CITY-ST-ZIP CRESTVIEW FL

☒ DELETE

TITLE STD
NAME COTTON, A.W.
STREET ADDRESS 1306 VALLEY ROAD
CITY-ST-ZIP CRESTVIEW FL

☐ DELETE

TITLE D
NAME COTTON, PAT
STREET ADDRESS 1306 VALLEY ROAD
CITY-ST-ZIP CRESTVIEW FL

☐ DELETE

TITLE D
NAME PIGOTT, TERRY
STREET ADDRESS 140 LAKE STREET
CITY-ST-ZIP CRESTVIEW FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE PD LEROY J SMITH
1.2 NAME
1.3 STREET ADDRESS 133 WINCHESTER WAY
1.4 CITY-ST-ZIP CRESTVIEW FL 32539

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 16 Jan 97 904-682-6514
Daytime Phone # 0073531

CR2E037 (9/96)