


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22, 1999 8:00am  
Secretary of State

01-22-1999 90006 049 \*\*\*\*\*70.00



<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 764317</b>					
1. Corporation Name <b>CRESTWOOD MANOR HOMEOWNERS' ASSOCIATION OF CRESTVIEW, INC.</b>					
Principal Place of Business 1306 VALLEY ROAD CRESTVIEW FL 32536			Mailing Address 1306 VALLEY ROAD CRESTVIEW FL 32536		

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/27/1982</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2391805</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		25		29	
30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>COTTON, A.W. 1306 VALLEY RD CRESTVIEW FL 32539</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SMITH, LEROY J</b>			1.2 NAME			
STREET ADDRESS	<b>133 WINCHESTER WAY</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CRESTVIEW FL</b>			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>COTTON, A.W.</b>			2.2 NAME			
STREET ADDRESS	<b>1306 VALLEY ROAD</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CRESTVIEW FL</b>			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>COTTON, PAT</b>			3.2 NAME			
STREET ADDRESS	<b>1306 VALLEY ROAD</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CRESTVIEW FL</b>			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PIGOTT, TERRY</b>			4.2 NAME			
STREET ADDRESS	<b>140 LAKE STREET</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CRESTVIEW FL</b>			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* **W. COTTON** 4 JAN 99 850-682-6514  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0078743

CR2E037 (11/98)