

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764317

1. Entity Name

CRESTWOOD MANOR HOMEOWNERS' ASSOCIATION OF CRESTVIEW, INC.

Principal Place of Business

1306 VALLEY ROAD
CRESTVIEW FL 32536

Mailing Address

1306 VALLEY ROAD
CRESTVIEW FL 32536

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

59-2391805

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COTTON, A.W.
1306 VALLEY RD
CRESTVIEW FL 32539

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.

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

9. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SMITH, LEROY J
STREET ADDRESS 133 WINCHESTER WAY
CITY-ST-ZIP CRESTVIEW FL



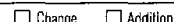
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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



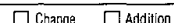
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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



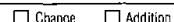
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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



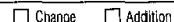
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:

Pat Cotton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Jan 02 850-6826514
Date Daytime Phone #

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90017 039 ****70.00



DO NOT WRITE IN THIS SPACE

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CR2037 (9/01)