

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768024

FILED
Apr 11, 2006
Secretary of State

Entity Name: CRESCENT LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-2290122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHWARTZ, DOUGLAS
Address: 9693 CAMPBELL CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: VPD () Delete
Name: COLEMAN, MICHAEL
Address: 9670 MOONLIT COURT
City-St-Zip: NAPLES, FL 34109

Title: STD () Delete
Name: ROBINSON, STEVEN
Address: 9681 CAMPBELL CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: DALES, LARRY
Address: 9684 CAMPBELL CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: JENKINS, JOE
Address: 9522 CAMPBELL CIRCLE
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: SCHWARTZ, DOUGLAS
Address: 9693 CAMPBELL CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: TD (X) Change () Addition
Name: BEISLER, TED
Address: 9593 CAMPBELL CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: TD (X) Change () Addition
Name: ROBINSON, STEVEN
Address: 9681 CAMPBELL CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: SD (X) Change () Addition
Name: BORGES, DONNA
Address: 9641 CAMPBELL CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D (X) Change () Addition
Name: BRINKMEYER, TREVOR
Address: 9570 CRESCENT GARDEN #A201
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN CARROLL

PRES

04/11/2006

Electronic Signature of Signing Officer or Director

Date