

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90243 038 ****61.25

DOCUMENT # 768024 1. Entity Name CRESCENT LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104			Mailing Address C/O PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104		
2. Principal Place of Business - No P.O. Box # C/O EAGLE PROPERTY MANAGEMENT		3. Mailing Address PO BOX 112260			
Suite, Apt. #, etc. 1337 EGRETS LANDING 102		Suite, Apt. #, etc. NAPLES, FL			
City & State NAPLES, FL		City & State NAPLES, FL			
Zip 34108		Country COLLIER		4. FEI Number 59-2290122	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104				7. Name and Address of New Registered Agent Name EAGLE PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) JOHN B. BLANCHARD PO BOX 112260 City NAPLES FL Zip Code 34108	
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 <u><i>John B. Blanchard</i></u> JOHN B. BLANCHARD 4-22-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHWARTZ, DOUGLAS 9693 CAMPBELL CIRCLE NAPLES, FL 34109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRINKMEYER, TREVOR 9570 CRESCENT GARDEN #A-201 NAPLES, FL 34109	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEISLER, TED 9593 CAMPBELL CIRCLE NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BORGES, DONNA 9641 CAMPBELL CIRCLE NAPLES, FL 34109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BORGES, DONNA 9641 CAMPBELL CIRCLE NAPLES, FL 34109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BORGES, DONNA 9641 CAMPBELL CIRCLE NAPLES, FL 34109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BORGES, DONNA 9641 CAMPBELL CIRCLE NAPLES, FL 34109	<input type="checkbox"/> Delete			
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: <u><i>Donna Borges</i></u> President 4-22-08 239-598-5968 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					