

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768024

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** CRESCENT LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O EAGLE PROPERTY MGMT  
1337 EGRETS LANDING 102  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 112260  
NAPLES, FL 34108

**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:**

EAGLE PROPERTY MGMT  
JOHN B BLANCHARD  
PO BOX 112260  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

EAGLE PROPERTY MGMT  
JOHN B BLANCHARD  
1337 EGRETS LANDING 102  
NAPLES, FL 34108 US

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: JOHN B BLANCHARD

04/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: TD ( ) Delete  
Name: BRINKMEYER, TREVOR  
Address: 9570 CRESCENT GARDEN #A-201  
City-St-Zip: NAPLES, FL 34109

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN B BLANCHARD

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04/16/2009

Electronic Signature of Signing Officer or Director

Date