FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 6:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **768224** **(8)**

1. Corporation Name

CRESCENT BEACH MOBILE HOME OWNERS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
LOT 62. 6620 S TRAIL CRESCENT BEACH TRAILER PARK SARASOTA FL 34231	LOT 62. 6620 S TRAIL CRESCENT BEACH TRAILER PARK SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/02/1983**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2285818** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

EGOLF, CHRIS
6620 S TRAIL
LOT 62
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	EGOLF, CHIRS	12 NAME		CORRECTION
STREET ADDRESS	63 CRESCENT BCH TRL PK	13 STREET ADDRESS	62 CRESCENT BEACH TRL PK	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP		
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	STROUD, ROBERTA A.	22 NAME		
STREET ADDRESS	#75 CRESCENT BCH TRL PK	23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	NEWCOMB, BARBARA	32 NAME		
STREET ADDRESS	#73 CRESCENT BCH. TRL.	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA,FL 00000	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	FORLINE JAMES M	42 NAME	TORLINE, James M.	correction
STREET ADDRESS	65 CRESCENT BEACH TRAIL PARK	43 STREET ADDRESS	65 Crescent Beach Trailer Park	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	Sarasota,	Treasurer director
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	TORLINE ANNE	52 NAME		
STREET ADDRESS	#65 CRESCENT BCH TRL PK	53 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: BARBARA A. Newcomb 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
secretary
Daytime Phone #

0063228