

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90100 039 ****61.25

DOCUMENT # 768560

1. Corporation Name

CREST RIDGE GARDENS SECURITY PATROL, INC.

Principal Place of Business
4806 - 4808 PHOENIX AVENUE
HOLIDAY FL 34690

Mailing Address
4806 - 4808 PHOENIX AVENUE
HOLIDAY FL 34690



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/20/1983	
22 City & State		27 City & State		4. FEI Number 59-2260171	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HOVEY, DONALD
4934 MIRAGE AVENUE
HOLIDAY FL 34690

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Donald H. Hovey

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVEY, DONALD	1.2 NAME	
STREET ADDRESS	4934 MIRAGE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY, FL 34690 34690	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUERGER, JERRY LEE	2.2 NAME	
STREET ADDRESS	1543 SENTINEL STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY, FL 34690	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, MILDRED	3.2 NAME	
STREET ADDRESS	4844 MIRAGE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, MARGARET	4.2 NAME	DS
STREET ADDRESS	4803 CALAIS DRIVE	4.3 STREET ADDRESS	PARROTT, DONNA
CITY-ST-ZIP	HOLIDAY, FL 34690 34690	4.4 CITY-ST-ZIP	4909 ODYSSEY AVE.
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POVLINKO, JOSEPH	5.2 NAME	D
STREET ADDRESS	1534 TOLEDO ST	5.3 STREET ADDRESS	KERN, RICHARD
CITY-ST-ZIP	HOLIDAY, FL 34690	5.4 CITY-ST-ZIP	4935 VISION AVE.
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC GEE, ALLEN	6.2 NAME	HOLIDAY, FL 34690
STREET ADDRESS	1447 LANDAU STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34690	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: DONALD H. HOVEY SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)