

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 768560

1. Entity 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**



02042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2260171

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WELCH, THEODORE
5021 PHOENIX AVE.
HOLIDAY, FL 34690**

**DO NOT WRITE
IN THIS SPACE**

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: Billie Ann Gerlach Treasurer 2/7/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
BUERGER, JERRY LEE
1543 SENTINEL STREET
HOLIDAY, FL 34690**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WELCH, THEODORE
5021 PHOENIX AVE.
HOLIDAY, FL 34690**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CROSS, IRENE
5021 PHOENIX AVE.
HOLIDAY, FL 34690**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BUERGER, CARL
1543 SENTINEL ST.
HOLIDAY, FL 34690**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GERLACH, BILLIE ANN
4844 MIRAGE AVE.
HOLIDAY, FL 34690**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BURR, WALTER
1438 EXCALIBUR STREET
HOLIDAY, FL 34690**

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02/20/08-80099-020 70.00

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IN THIS SPACE**

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: Billie Ann Gerlach Treasurer 2/7/08 727-942-6796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #