

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90128 047 \*\*\*\*61.25

40029254



01032005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2423859

Applied For  
Not Applicable

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

**DOCUMENT # 769222**

1. Entity Name  
CENTER CREST R.V. LOT OWNER'S ASSOCIATION, INC.



Principal Place of Business  
334 CENTER CREST BLVD.  
DAVENPORT, FL 33837

Mailing Address  
334 CENTER CREST BLVD.  
DAVENPORT, FL 33837

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
HALVERSON, KEITH  
403 PANSY STREET  
DAVENPORT, FL 33837

7. Name and Address of New Registered Agent  
Name  
BUCK, RAYMOND  
Street Address (P.O. Box Number is Not Acceptable)  
613 GOLF CREST LANE  
City  
DAVENPORT FL Zip Code  
33837

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

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 2VD<br>SENGER, ROBERT<br>253 BEGPMOA AVE<br>DAVENPORT, FL 33837 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | 2VD<br>KEITH HALVERSON<br>403 PANSY STREET<br>DAVENPORT, FL 33837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>SPICER, ORREL<br>402 PANSY STREET<br>DAVENPORT, FL 33837 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | TD<br>MCDANIEL, JAMES<br>354 CENTER CREST BLVD<br>DAVENPORT, FL 33837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>REMICK, ROBERT<br>732 CENTER CREST BLVD<br>DAVENPORT, FL 33837 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | DAVENPORT, FL 33837 <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>PUPO, ANTHONY<br>157 BEGONIA LANE<br>DAVENPORT, FL 33837 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>HALVERSON, KEITH A<br>403 PANSY STREET<br>DAVENPORT, FL 33837 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | P.<br>BUCK, RAYMOND<br>613 GOLF CREST LANE<br>DAVENPORT, FL 33837 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. 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 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 any other like empowered.

SIGNATURE: Raymond Buck RAYMOND BUCK 2/16/05 863-258-2122  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #