

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90291 043 \*\*\*\*70.00

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-2423859**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BUCK, RAYMOND  
613 GOLF CREST LANE  
DAVENPORT FL 33837**

7. Name and Address of New Registered Agent

Name **McDaniel, James**

Street Address (P.O. Box Number is Not Acceptable)

**354 Center Crest Blvd.**

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

*James A. McDaniel* **JAMES A. MCDANIEL** **03/28/06**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

TITLE **2VD** ☐ Delete  
NAME **HALVERSON, KEITH**  
STREET ADDRESS **403 PANSY ST**  
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE **TD** ☐ Delete  
NAME **MC DANIEL, JAMES**  
STREET ADDRESS **354 CENTER CREST BLVD**  
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE **VD** ☐ Delete  
NAME **REMICK, ROBERT**  
STREET ADDRESS **732 CENTER CREST BLVD**  
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE **S** ☒ Delete  
NAME **PUPO, ANTHONY**  
STREET ADDRESS **157 BEGONIA LANE**  
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE **P** ☒ Delete  
NAME **BUCK, RAYMOND**  
STREET ADDRESS **613 GOLF CREST LANE**  
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **1st V/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T/D** ☐ Change ☒ Addition  
NAME **Dennis, Betty**  
STREET ADDRESS **263 Begonia Lane**  
CITY-ST-ZIP **Davenport, FL 33837**

TITLE **2nd V/D** ☐ Change ☒ Addition  
NAME **Weaver, Harry**  
STREET ADDRESS **713 Center Crest Blvd.**  
CITY-ST-ZIP **Davenport, FL 33837**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*James A. McDaniel* **JAMES A. MCDANIEL** **03/28/06** **863-421-6320**