

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90041 044 ****61.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2423859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDANIEL, JAMES
354 CENTER CREST BLVD
DAVENPORT FL 33837**

Name **HALVERSON, KEITH, PRES.**

Street Address (P.O. Box Number is Not Acceptable)
CENTER CREST RV LOT OWNERS ASSOC.

334 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 *Keith A Halverson*

4-29-08

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, 2008**

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 **SD** ☒ Delete
NAME **ROGERS, CONNIE**
STREET ADDRESS **311 LAKE CREST LOOP**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE **SD** ☐ Change ☐ Addition
NAME **VACANT**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **PD** ☐ Change ☒ Addition
NAME **HALVERSON, KEITH**
STREET ADDRESS **403 PANSY ST.**
CITY-ST-ZIP **DAVENPORT, FL 33837**

TITLE **1VD** ☐ Delete
NAME **ROUW, A.C. BRAM**
STREET ADDRESS **125 CANNA LANE**
CITY-ST-ZIP **DAVENPORT FL 33837**

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

TITLE **TD** ☒ Delete
NAME **DENNIS, BETTY**
STREET ADDRESS **263 BEGONIA LN**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE **TD** ☒ Change ☐ Addition
NAME **ROGERS, CONNIE**
STREET ADDRESS **311 LAKE CREST LOOP**
CITY-ST-ZIP **DAVENPORT, FL 33837**

TITLE **2VD** ☒ Delete
NAME **PHILLIPS, EVERETT**
STREET ADDRESS **306 PANSY ST.**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE **2VD** ☐ Change ☒ Addition
NAME **JARRELL, ROY**
STREET ADDRESS **418 GOLF CREST LANE**
CITY-ST-ZIP **DAVENPORT, FL 33837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 *Keith A Halverson* **Keith A Halverson**