

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90029 049 ***150.00

DOCUMENT # F00000005687					
1. Entity Name CRAWFORD ARBOUR APARTMENTS GP, INC.					
Principal Place of Business 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34110			Mailing Address 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34110		
2. Principal Place of Business - No P.O. Box # 999 Vanderbilt Beach Rd. Suite, Apt. #, etc. Suite 610 City & State Naples, FL Zip 34108 Country USA		3. Mailing Address 999 Vanderbilt Beach Rd. Suite, Apt. #, etc. Suite 610 City & State Naples, FL Zip 34108 Country USA			
4. FEI Number 38-3557395		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entry 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 _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD JAFFE, IRA J 16835 KERCHEVAL GROSSE POINTE, MI 48230	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD CRAWFORD, RICHARD S 16835 KERCHEVAL GROSSE POINTE, MI 48230	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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 607, 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:		3/19/08		239-593-6160	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	