

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 11 PM 9:07

DOCUMENT # **J79266** (9)

1. Corporation Name  
**CRESCENT FOREST DEVELOPMENT CORPORATION**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
C/O DAVID W. WILLIAMS P.O. BOX 2003 NEW PORT RICHEY FL 34656 US	C/O DAVID W. WILLIAMS P.O. BOX 2003 NEW PORT RICHEY FL 34656 US

3. Date Incorporated or Qualified <b>06/19/1987</b>	3a. Date of Last Report <b>03/24/1994</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2741086</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, DAVID W.  
8930 DEABELLIS ROAD  
NEW PORT RICHEY FL 34654**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DAVID W.	1.2 NAME	
STREET ADDRESS	8980 CRESCENT FOREST BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PT RICHEY FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, PATRICIA L.	2.2 NAME	
STREET ADDRESS	8416 CESSNA DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PT RICHEY FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATARAJAN, G.	3.2 NAME	
STREET ADDRESS	151 SUNSET BLVD. #12	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PT RICHEY FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHAR, RAYMOND J.	4.2 NAME	
STREET ADDRESS	1732 HICKORY GATE DR N	4.3 STREET ADDRESS	
CITY - ST - ZIP	DUNEDIN FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUS, MATTHEW A.	5.2 NAME	
STREET ADDRESS	320 HIGH ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PT RICHEY FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUS, HELEN A.	6.2 NAME	
STREET ADDRESS	320 HIGH ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PT RICHEY FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its successor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID W. WILLIAMS

4/3/95

813-841-0755