FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K77210** **(8)**

1. Corporation Name
CRESCENT VIEW BEACH CLUB, INC.

Principal Place of Business	Mailing Address
% BILL MERRILL III 2033 MAIN ST., #600 SARASOTA FL 34237	% BILL MERRILL III 2033 MAIN ST., #600 SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — County (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — County (30)

4. FEI Number: 65-0109943 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

MERRILL, WILLIAM W., III
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	MEWHIRTER, GERALD R.	12 NAME	MEWHIRTER, GERALD R.	
STREET ADDRESS	RURAL ROUTE 2	13 STREET ADDRESS	672 BRUSHGROVE	
CITY-ST-ZIP	KING CITY, ONTARIO	14 CITY-ST-ZIP	AURORA, ONTARIO L4G 3G8	
TITLE	DT	21 TITLE		☐ Change ☐ Addition
NAME	KERSHAW, JOHN P.	22 NAME		
STREET ADDRESS	24 SOLWAY CT	23 STREET ADDRESS		
CITY-ST-ZIP	AGINCOURT, ONTARIO	24 CITY-ST-ZIP		
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	WALTER, PETER M.	32 NAME		
STREET ADDRESS	RURAL ROUTE 1	33 STREET ADDRESS		
CITY-ST-ZIP	SCHOMBERG, ONTARIO	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	MEWHIRTER, KEVIN PAUL	42 NAME	MEWHIRTER, KEVIN PAUL	
STREET ADDRESS	RURAL ROUTE 2	43 STREET ADDRESS	672 BRUSHGROVE	
CITY-ST-ZIP	KING CITY, ONTARIO	44 CITY-ST-ZIP	AURORA, ONTARIO L4G 3G8	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	THORPE, RICHARD J.	52 NAME		
STREET ADDRESS	42 MORGANDALE CRESCENT	53 STREET ADDRESS		
CITY-ST-ZIP	AGINCOURT, ONTARIO	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 119.07(3)(i), 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 the receiver 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 above or on an attachment with an address.

SIGNATURE: _____ GERALD R. MEWHIRTER Apr 28 / 95 (905)841-4117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043247 CP