

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K77210** (8)

1. Corporation Name

CRESCENT VIEW BEACH CLUB, INC.



Principal Place of Business

% BILL MERRILL, III
2033 MAIN ST., #600
SARASOTA FL 34237

Mailing Address

% BILL MERRILL, III
2033 MAIN ST., #600
SARASOTA FL 34237

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/03/1989

3a. Date of Last Report
05/01/1995

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

10. Name and Address of New Registered Agent

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

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

(Signature typed on back of this form if not available for this purpose)

(Signature typed on back of this form if not available for this purpose)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MEWHIRTER, GERALD R.	
STREET ADDRESS	672 BRUSHGROVE	
CITY-STATE-ZIP	AURORA ON	
TITLE	DT	☐ DELETE
NAME	KERSHAW, JOHN P.	
STREET ADDRESS	24 SOLWAY CT	
CITY-STATE-ZIP	AGINCOURT, ONTARIO	
TITLE	DS	☐ DELETE
NAME	WALTER, PETER M.	
STREET ADDRESS	RURAL ROUTE 1	
CITY-STATE-ZIP	SCHOMBERG, ONTARIO	
TITLE	D	☐ DELETE
NAME	MEWHIRTER, KEVIN PAUL	
STREET ADDRESS	672 BRUSHGROVE	
CITY-STATE-ZIP	AURORA ON	
TITLE	D	☐ DELETE
NAME	THORPE, RICHARD J.	
STREET ADDRESS	42 MORGANDALE CRESCENT	
CITY-STATE-ZIP	AGINCOURT, ONTARIO	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD R. MEWHIRTER

3/9/96

941-364-4224

CR2E034 (12/95)