


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90460 036 ****61.25

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------------|---|---|---|--|-------|------|--------|--|----------------------------|-------------------------------------|----------------|------------------------------|--|-------------|-------------------------------|--|--|---------------------------|-------------------------------------|----------------|------------------------------|--|-------------|-------------------------------|--|--|-------------------------------------|--------------------------|----------------|------------------------------|--|-------------|-------------------------------|--|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|-------|------|-----------------|--|---------------------|--|----------------|-----------------------|--|-------------|------------------------------|--|--|---------------|--|----------------|----------------------|--|-------------|------------------------------|--|--|------------------|---|----------------|-------------------------------|--|-------------|-------------------------------|--|--|--|---|--|--|---|--|--|---|
| DOCUMENT # N00000000468 1. Entity Name CRUSSELLE COVE HOMEOWNERS ASSOCIATION, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business ONE SAN JOSE PLACE 34 JACKSONVILLE, FL 32257 | | | Mailing Address P.O. BOX 57911 JACKSONVILLE, FL 32241 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent CARR, LAUREN ONE SAN JOSE PLACE 34 JACKSONVILLE, FL 32257 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <u>Lauren Carr</u> 4-23-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td>PD SEARS, JOSEPH L.</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">11805 CRUSSELLE DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">JACKSONVILLE, FL 32223</td> </tr> <tr> <td></td> <td>VD GANEY, JAMES P.</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">11757 CRUSSELLE DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">JACKSONVILLE, FL 32223</td> </tr> <tr> <td></td> <td>STD ZAIFERT, DANA</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">11813 CRUSSELLE DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">JACKSONVILLE, FL 32223</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Change Addition</td> </tr> <tr> <td></td> <td>Karen Criley</td> <td style="text-align: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">Vice President</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">11716 Crusselle Drive</td> </tr> <tr> <td></td> <td>SectTD</td> <td style="text-align: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">Lawrence Datz</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">11724 Crusselle Drive</td> </tr> <tr> <td></td> <td>President</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">Jacksonville, FL 32223</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Jacksonville, FL 32223</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> </div> </div> | | | | | | TITLE | NAME | Delete | | PD SEARS, JOSEPH L. | <input checked="" type="checkbox"/> | STREET ADDRESS | 11805 CRUSSELLE DRIVE | | CITY-ST-ZIP | JACKSONVILLE, FL 32223 | | | VD GANEY, JAMES P. | <input checked="" type="checkbox"/> | STREET ADDRESS | 11757 CRUSSELLE DRIVE | | CITY-ST-ZIP | JACKSONVILLE, FL 32223 | | | STD ZAIFERT, DANA | <input type="checkbox"/> | STREET ADDRESS | 11813 CRUSSELLE DRIVE | | CITY-ST-ZIP | JACKSONVILLE, FL 32223 | | | | <input type="checkbox"/> | | | <input type="checkbox"/> | | | <input type="checkbox"/> | TITLE | NAME | Change Addition | | Karen Criley | <input type="checkbox"/> <input checked="" type="checkbox"/> | STREET ADDRESS | Vice President | | CITY-ST-ZIP | 11716 Crusselle Drive | | | SectTD | <input type="checkbox"/> <input checked="" type="checkbox"/> | STREET ADDRESS | Lawrence Datz | | CITY-ST-ZIP | 11724 Crusselle Drive | | | President | <input type="checkbox"/> <input type="checkbox"/> | STREET ADDRESS | Jacksonville, FL 32223 | | CITY-ST-ZIP | Jacksonville, FL 32223 | | | | <input type="checkbox"/> <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> |
| TITLE | NAME | Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PD SEARS, JOSEPH L. | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 11805 CRUSSELLE DRIVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32223 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | VD GANEY, JAMES P. | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 11757 CRUSSELLE DRIVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32223 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | STD ZAIFERT, DANA | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 11813 CRUSSELLE DRIVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32223 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | Change Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Karen Criley | <input type="checkbox"/> <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | Vice President | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | 11716 Crusselle Drive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SectTD | <input type="checkbox"/> <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | Lawrence Datz | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | 11724 Crusselle Drive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | President | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | Jacksonville, FL 32223 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | Jacksonville, FL 32223 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 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: <u>Lauren Carr</u> 4-23-2007 (904)260-9183 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |