


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00297</b> 1. Entity Name <b>CRESAP ARMS CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>15927 SW 15TH AVE. NEWBERRY, FL 32669 US</b>	Mailing Address <b>15927 SW 15TH AVE. NEWBERRY, FL 32669 US</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2442003</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LENHART, EUGENE E  
15927 SW 15TH AVE.  
NEWBERRY, FL 32669**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<b>LENHART, EUGENE</b>
NAME	
STREET ADDRESS	<b>15927 SW 15TH AVE</b>
CITY-ST-ZIP	<b>NEWBERRY, FL 32669</b>
TITLE <b>VPD</b>	<b>COUCH, RUPERT</b>
NAME	
STREET ADDRESS	<b>8871 RUNNYMEAD RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32257</b>
TITLE <b>STD</b>	<b>LENHART, LAURA</b>
NAME	
STREET ADDRESS	<b>15927 SW 15TH AVE</b>
CITY-ST-ZIP	<b>NEWBERRY, FL 32669</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000580275  
01/10/07-80041-013 61.25

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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:**  **1-4-07 (352) 472-9890**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #