

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90068 046 ****61.25

DOCUMENT # N00297 1. Entity Name CRESAP ARMS CONDOMINIUM ASSOCIATION, INC.																																																																																																																																													
Principal Place of Business 15927 SW 15TH AVE. NEWBERRY, FL 32669 US			Mailing Address 15927 SW 15TH AVE. NEWBERRY, FL 32669 US																																																																																																																																										
2. Principal Place of Business - No P.O. Box # 8871 Runnymede Rd Suite, Apt. #, etc.		3. Mailing Address 8871 Runnymede Rd Suite, Apt. #, etc.																																																																																																																																											
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 59-2442003																																																																																																																																									
Zip 32257		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																									
6. Name and Address of Current Registered Agent LENHART, EUGENE E 15927 SW 15TH AVE. NEWBERRY, FL 32669			7. Name and Address of New Registered Agent Name Rupert H Couch Street Address (P.O. Box Number is Not Acceptable) 8871 Runnymede Rd City JACKSONVILLE FL 32257																																																																																																																																										
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 Rupert H Couch <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)</small>																																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																									
Make check payable to Florida Department of State																																																																																																																																													
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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: Rupert H Couch <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																													