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

## FILED Jul 09, 2007 8:00 am Secretary of State 07-09-2007 90050 025 \*\*\*\*61.25

DOCUMENT # N0100001862  1. Entity Name CROISSANT SPRINGS CLUSTER HOMES ACCOCIATION, INC.				01	.25
Principal Place of Business 428 SE 14TH COURT FORT LAUDERDALE, FL 33315	Mailing Address 428 SE 14TH COURT FORT LAUDERDALE, FL. 3	33315	40-		
2. Principal Place of Business - No P.O. Box # 412 Start JYTH COURT Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	COURT	06222007 Chg-NP	CR2E037 (12/06)	
City & State  FT LA VOERDOLE FL	City & State  FT. LAUDERA	ME FL.	4. FEI Number 03-0412587	<b>├</b> ——-	pplied For ot Applicable
33315 Country	33315	Country US/4	5. Certificate of Status De	Fee Require	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  APPLEBRUA  Street Address (P.O. Box Number is Not Acceptable)  City  City  POSEPPLE  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.   am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printer name of registered agent an	TEFF  Indititie if applicable. (NOTE: F	Pegastered Agent signature requi	_ <del>`</del>	DATE	
Filing Fee is \$61.25 Due by September 14, 2007	9. Election Camp Trust Fund Cot		\$5.00 May Be Added to Fees	Make check payable t Florida Department of S	State
10. OFFICERS AND DIRE  ITILE NAME STREET ADDRESS CITY-ST-ZIP FILAUDERDALE, FL 33315	ECTORS Delete	11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  F	ADDITIONS/CHANGES TO C PEREBAUM JEFF 12 S.W. 1444 COU T. LANDERDALE,	OFFICERS AND DIRECTORS IN Change	N 10 Addition
NAME KRONE, MICHELLE STREET ADDRESS CITY-ST-ZP FORT LAUDEREDALE, FL 33315	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Cnange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cnange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	HTLE NAME SIREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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:  SEFF APPENDIX Passided 1336-6119					
SIGNATURE:	NINTED NAME OF SIGNING OFFICER OF	JEFF R DIRECTOR	ATTELS/10~ /I	72512 336-6 Deytme Phone #	1/7