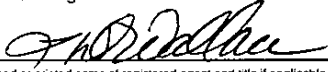
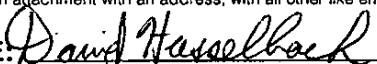


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90083 022 ****61.25

DOCUMENT # N01000002838 1. Entity Name CRESTWICK CROSSING HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2120 CORPORATE SQUARE BLVD, SUITE 3 JACKSONVILLE, FL 32216			Mailing Address 2120 CORPORATE SQUARE BLVD, SUITE 3 JACKSONVILLE, FL 32216		
2. Principal Place of Business 920 Third Street Suite, Apt. #, etc. Suite B City & State Neptune Beach, FL Zip 32266		3. Mailing Address 920 Third Street Suite, Apt. #, etc. Suite B City & State Neptune Beach, FL Zip 32266			
03182005 Chg-NP CR2E037 (10/03)		4. FEI Number 59-3715599		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SEMANIK, JOHN A 2120 CORPORATE SQUARE BLVD, SUITE 3 JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name Wallace, L. Denise Street Address (P.O. Box Number is Not Acceptable) 920 Third Street Suite B City Neptune Beach, FL Zip Code 32266		
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  DATE 3/29/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME SEMANIK, JOHN A STREET ADDRESS 2120 CORPORATE SQUARE BLVD, SUITE 3 CITY-ST-ZIP JACKSONVILLE, FL 32216	☒ Delete		TITLE PD NAME David Hasselbach STREET ADDRESS 14025 Crestwick Dr. E CITY-ST-ZIP Jacksonville, FL 32218	☐ Change ☒ Addition	
TITLE VD NAME LESNIAK, JENNIE STREET ADDRESS 2120 CORPORATE SQUARE BLVD, SUITE 3 CITY-ST-ZIP JACKSONVILLE, FL 32216	☒ Delete		TITLE VPD NAME Kimberly Scott STREET ADDRESS 14047 Ridgewick Dr. CITY-ST-ZIP Jacksonville, FL 32218	☐ Change ☒ Addition	
TITLE STD NAME CARPENTER, KATHERINE S STREET ADDRESS 2120 CORPORATE SQUARE BLVD, SUITE 3 CITY-ST-ZIP JACKSONVILLE, FL 32216	☒ Delete		TITLE STD NAME Samuel Ferguson STREET ADDRESS 14031 Ridgewick Dr. CITY-ST-ZIP Jacksonville, FL 32218	☐ 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	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DAVID HASSELBACH DATE 4/3/05 DAYTIME PHONE # 904-781-8200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					