2006 NOT-FOR-PROFIT CORPORATION

FILED Mar 22, 2006 8:00 am Secretary of State

	 			VIV 1101
	ABIBL		REPORT	
	ANN	UAL	REPURI	

NAME STREET ADDRESS CITY-ST-ZIP OCALA, FL 34480 TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Name	MENT # N0100008 CREST OWNERS ASSO	03	3-22-2006 90	0001 034 *	***61.2	25			
Suite, Apt #, etc. 12 P Country A FEI Number 51-0452511 A FEI Number 51-045251 A FEI Numb	2605 S.W. 33	BRD STREET, BLDG #200	i #200			t CDIN OPIEN IBUN O				
City & State Country Country Country S. Confficient of Status Dealered S8.75 Additional reserved. S. Confficient of Status Dealered S8.75 Additional reserved. S. Confficient of Status Dealered S8.75 Additional reserved. Signer Address of New Registered Agent 7. Name and Address of New Registered Agent Name Signer Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City City Cit	2. Principal P	ace of Business								
Signarus	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01242006	Chg-NP	CR2E037 ((11/05)	
Section Fee Required Fee Requi	City & State)	City & State				11			
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Žip 	Coul	ntry	5. Certificate of S	Status Desired			
Street Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Current	Registered Agent		Name	7. Name and Ad	dress of New R	egistered Age	nt	
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 accent the obligations of registered agent. SIGNATURE Signature	2605 S.W.	33RD STREET, #200		Street Address (P.O. Box Number is Not Acceptable)						
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 accepted the obligations of registered agent. SIGNATURE Toperbure, typed or present agent and the flagobable (NOTE: Registered Agent algorate received when newtable) OATE	OOALA, II	- 04414			City			Ei	Zip Code	•
SIGNATURE Signature Signa	8. The above	named entity submits this statement for	or the purpose of chang	ging its registere	ed office or registe	ered agent, or both, is	n the State of Flo		iliar with,	and accept
Filing Fee is \$61.25 Sue by May 1, 2006 Policiers AND DIFFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND		ions of registered agent.								
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete		Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	Agent signature require	ed when reinstating)		DATE		
TITLE MAME STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 TITLE SD TURNER-KELLY, MARILYN STREET ADDRESS CITY-ST-ZIP OCALA, FL 34480 TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34480 TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34480 TITLE MAME STREET ADDRESS CITY-ST-ZIP OCALA, FL 34475 Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP OCALA, FL 34475 Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS	i	_		40104 may be						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA, FL 34480 TO STREET ADDRESS CITY-ST-ZIP OCALA, FL 34475 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	KIRKPATRICK, KEN 307 S.E. 21ST TERRACE	L_J Delet	NAME STREE	E Et address			Ĺ	j Change	L_ Addiction
NAME STIVERSON, JOHN S STREET ADDRESS CITY-ST-ZIP OCALA, FL 34475 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	SD TURNER-KELLY, MARILYN 8280 S.E. 15TH COURT	☐ Defet	NAME STREE	E Et address	-		C] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	STIVERSON, JOHN S 8225 S.E. 15TH COURT	☐ Delet	NAM! STREE	E Et adoress			C) Change	Addition
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	NAME STREET ADDRESS CITY-ST-ZIP			NAMI Stre City	E ET ADDRESS -ST-ZIP		200	_		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 directed 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 changed, or on an attachment with an address, with all other like empowered.	12. I hereby indicated of the co-	certify that the information supplied will on this report or supplemental report reporation or the receiver or trustee em, or on an attachment with an address	h this filing does not quest true and accurate and accurate and ownered to execute this with all other like empo	ualify for the exe ad that my signat s report as requi owered.	emptions containe ture shall have the red by Chapter 6	ed in Chapter 119, Fl e same legal effect a 17, Florida Statutes;	lorida Statutes. I s if made under and that my nam	further certify oath; that I am ie appears in E	that the in an officer slock 10 or	formation or director r Block 11 if
SIGNATURE: Ken Kirkpatrick 3/0/06 352/369-9881	SIGNAT	URE:				3/10,	106			1