2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2007 8:00 am Secretary of State 02-09-2007 90024 030 ****61.25

| 1. Entity Nam | MENT # N02000006 ID CREST HOMEOWNERS | | | | | · | | | | |
|--|---|--|---|--|---|---|---|---|----------------------------------|--|
| Principal Place 912 HIGHLAN LAKE WALES, | ND CREST ST | Mailing Address 912 HIGHLAND CREST ST LAKE WALES, FL 33853 | | | 40 | 01272 | 1 | | | |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | o l Oro | 0 | | | | | | |
| Suite, Apt. | tightant (rest LP | Suite, Apt. #, etc. | <u>ux. ue</u> | st LP | 02012007 | Chg-NP | CR2E0 | 37 (12/06) | | |
| | Wales H | Lake Wale | 35 FJ | | 4. FEI Numbe 54-208 | | | No | oplied For ot Applicable | |
| 33853 | | 33853 | Country | | | of Status Desir | | \$8.75 Add | | |
| | 6. Name and Address of Current I | Kegistered Agent | Name / | <u>^ </u> | /. Name and | _ | ew Registered | Agent | | |
| CHAMBERS, STEPHANIE 725 HIGHLAND CREST LOOP LAKE WALES. FL 33853 | | | | Street Address (P.O. Box Dumber is Nat Acceptable) | | | | | | |
| DANE WAL | 120,12 33033 | | City / | | 1 2 1 | | | 7in Cod | | |
| | | | | alle | uble | 5 | Fl | - (338 | 53 | |
| 8. The above the obligation of the signature. | named entity submits this statement for ions of registered agent | the purpose of changing its re | 1. | r register ^COSU | | th, in the State | of Florida. I am | familiar with, | and accept | |
| | | | | | | | | | | |
| | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE, F | Registered Agent signar | | when reinstaling) | | DATE | | | |
| <u>t.</u> | Signification typed or printed nemf of registered agent a Filling Fee Is \$61.25 Due by May 1, 2007 | 9. Election Camp Trust Fund Co | paign Financing | | \$5.00 May B Added to Fees | ie | Make chec Florida Depa | k payable t | | |
| 10. | Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR | 9. Election Camp Trust Fund Co | paign Financing | ture required | \$5.00 May B | | Florida Depa | rtment of S | tate | |
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12. Thereby 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 attacking with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR