


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2005 8:00 am**  
**Secretary of State**

08-23-2005 90011 009 \*\*\*\*61.25

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # N04000001483</b>   |   |  |  |                 |  |
| <b>1. Entity Name</b><br><b>VILLAS ON CRESCENT LAKE HOMEOWNER'S ASSOCIATION, INC.</b>  |   |  |  |  |  |
| <b>Principal Place of Business</b><br>8640 SEMINOLE BLVD<br>SEMINOLE, FL 33772   |   |  | <b>Mailing Address</b><br>8640 SEMINOLE BLVD<br>SEMINOLE, FL 33772 |  |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b><br><i>1006 4th St N</i>              |  |                |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.<br><i>St. Petersburg</i>                   |  |  |  |
| City & State   |   | City & State<br><i>FL</i>                                      |  |  |  |
| Zip  |   | Zip<br><i>33701</i>  |  |  |  |
| Country  |   | Country<br><i>USA</i>  |  | 02282005    Chg-NP    CR2E037 (10/03)  |  |
| <b>4. FEI Number</b><br><i>X 20-3317046</i>  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |  |  | <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>HOFSTRA, PETER T<br>8640 SEMINOLE BLVD<br>SEMINOLE, FL 33772   |   |  | <b>7. Name and Address of New Registered Agent</b>                 |  |  |
|  |   |  | Name   |  |  |
|  |   |  | Street Address (P.O. Box Number is Not Acceptable)                 |  |  |
|  |   |  | City   |  |  |
|  |   |  | State <b>FL</b> Zip Code   |  |  |
| <b>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.</b>   |   |  |  |  |  |
| SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating)    DATE  |   |  |  |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2005</b>  |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DP<br>LOGES, VICKI L <input type="checkbox"/> Delete<br><del>3502 STREET N #20</del><br>ST PETERSBURG, FL 33701   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <i>1915th St N.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DV<br>CONNELL, BRIAN <input checked="" type="checkbox"/> Delete<br>232 23 AVE N<br>ST PETERSBURG, FL 33701        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DST<br>SCOBILL, SHANNYN <input checked="" type="checkbox"/> Delete<br>9909 NE 1 ST UNIT 102<br>BELLEVUE, WA 98004 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |  |
| <b>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.</b> |   |  |  |  |  |
| <b>SIGNATURE:</b> <i>[Signature]</i> Date <i>8/11/05</i> Daytime Phone #   |   |  |  |  |  |

**50062942**