

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002707

FILED
Feb 05, 2005
Secretary of State

Entity Name: CRESTWOOD OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

116 CRESTWOOD COURT SOUTH
CLEARWATER, FL 34595

New Principal Place of Business:

Current Mailing Address:

116 CRESTWOOD COURT SOUTH
CLEARWATER, FL 34595

New Mailing Address:

FEI Number: 59-2998222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVIN, CAROL J
116 CRESTWOOD COURT SOUTH
CLEARWATER, FL 34595 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCHRECEGOST, JOHN
Address: 112 CRESTWOOD COURT SOUTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DT () Delete
Name: LEVIN, CAROL J
Address: 116 CRESTWOOD COURT SOUTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DS () Delete
Name: GREENE, ELIZABETH
Address: 1407 CRESTWOOD COURT NORTH
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LOYMEYER, MIKE
Address: 109 PARK STREET
City-St-Zip: SAFETY HARBOR, FL 34695

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: SOWERS, JAMIE
Address: 101 PARK STREET
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL J. LEVIN

DT

02/05/2005

Electronic Signature of Signing Officer or Director

Date