

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000003406

1. Entity Name
**CRESCENT OAKS TOWNHOMES OF CLEWISTON
HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business
**535 E. EL PASO AVENUE
CLEWISTON, FL 33440**

Mailing Address
**535 E. EL PASO AVENUE
CLEWISTON, FL 33440**



03282007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0504582

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PITTMAN, JAMES L
535 E. EL PASO AVENUE
CLEWISTON, FL 33440**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PITTMAN, PAULA Y
535 E. EL PASO AVENUE
CLEWISTON, FL 33440**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HOWELL, CHRISTINE
407 E. AVENDIA DEL RIO
CLEWISTON, FL 33440**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HARE, SANDRA
165 W. ESPERANZA AVE
CLEWISTON, FL 33440**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PAPE, CAROLINE
228 W. CRESCENT DR
CLEWISTON, FL 33440**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000687377
04/10/07-80037-006 61.25

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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3-28-07 863-983-5450