

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003406

FILED
Mar 31, 2009
Secretary of State

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

Current Principal Place of Business:

535 E. EL PASO AVENUE
CLEWISTON, FL 33440

New Principal Place of Business:

531 E. EL PASO AVENUE
CLEWISTON, FL 33440

Current Mailing Address:

535 E. EL PASO AVENUE
CLEWISTON, FL 33440

New Mailing Address:

531 E. EL PASO AVENUE
CLEWISTON, FL 33440

FEI Number: 51-0504582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PITTMAN, JAMES L
531 E. EL PASO AVENUE
CLEWISTON, FL 33440 US

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: JAMES L. PITTMAN

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PITTMAN, PAULA Y
Address: 535 E. EL PASO AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: P () Delete
Name: HOWELL, CHRISTINE
Address: 407 E. AVENDIA DEL RIO
City-St-Zip: CLEWISTON, FL 33440

Title: VP () Delete
Name: HARE, SANDRA
Address: 165 W. ESPERANZA AVE
City-St-Zip: CLEWISTON, FL 33440

Title: S () Delete
Name: PAPE, CAROLINE
Address: 228 W. CRESCENT DR
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: PITTMAN, PAULA Y
Address: 531 E. EL PASO AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: P (X) Change () Addition
Name: CLARK, GALE
Address: 200 WEST CRSCENT DR.
City-St-Zip: CLEWISTON, FL 33440

Title: VP (X) Change () Addition
Name: ROSEN, GLORIA
Address: 2154 CAVANDISH RD.
City-St-Zip: BOCA RATON, FL 33433

Title: S (X) Change () Addition
Name: JONES, KAY F
Address: 210 WEST CRESCENT DRIVE
City-St-Zip: CLEWISTON, FL 33440

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAULA Y. PITTMAN

T

03/31/2009

Electronic Signature of Signing Officer or Director

Date