

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 A
Secretary of State

DOCUMENT # N04000012115

1. Entity Name
CRESCENT RESORT OWNERS ASSOCIATION, INC.



Principal Place of Business
**8680 COMMODITY CIRCLE
ORLANDO, FL 32819**

Mailing Address
**8680 COMMODITY CIRCLE
ORLANDO, FL 32819**



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 14-1920116 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**KORSHAK AND ASSOCIATES, P.A.
8680 COMMODITY CIRCLE
ORLANDO, FL 32819**

**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, 2008**

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 | PD ERFURTH, CARY J 8680 COMMODITY CIRCLE ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD SANDERS, NANCY 8680 COMMODITY CIRCLE ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST HOLBROOK, KAREN S 8680 COMMODITY CIRCLE ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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01/16/08-80085-007 70.00

**DO NOT WRITE
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:

Cary J. Erfurth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08
Date

(407) 859-8900
Daytime Phone #