

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 24 AM 8:03

<b>DOCUMENT # N05000002561</b>					
<b>1. Entity Name</b> CRESCENT HILLS HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 7113 BEECH RIDGE TRL STE 1 TALLAHASSEE, FL 32312			<b>Mailing Address</b> 7113 BEECH RIDGE TRL STE 1 TALLAHASSEE, FL 32312		
<b>2. Principal Place of Business - No P.O. Box #</b> 644 CAPITAL Circle NE		<b>3. Mailing Address</b> PO Box 13089			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03172008    Chg-NP    CR2E037 (12/06)	
<b>City &amp; State</b> Tallahassee FL		<b>City &amp; State</b> TALLAHASSEE FL		<b>4. FEI Number</b> 20-3604405	
<b>Zip</b> 32301		<b>Country</b>		<b>Applied For</b> Not Applicable	
<b>Zip</b> 32317		<b>Country</b>		<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>  EDDY, MARIE 7113 BEECH RIDGE TRL STE 1 TALLAHASSEE, FL 32312 				<b>7. Name and Address of New Registered Agent</b> Name: Robert S Rhinehart Street Address (P.O. Box Number is Not Acceptable): 644 CAPITAL Circle NE City: TALLAHASSEE FL Zip Code: 32301	
<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3/21/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAVINI, HOSSEIN 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAVINI, BEHZAD 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAVINI, MEHRDAD 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHAVINI, MEHRAN 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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.</b>					
<b>SIGNATURE:</b>			Date: <u>3/21/08</u> Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					