

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

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # N05000007417 1. Entity Name CRESTWOOD HOMEOWNERS, INC.	
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Principal Place of Business BOX 219 CENTURY, FL 32535	Mailing Address BOX 219 CENTURY, FL 32535
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DO NOT WRITE IN THIS SPACE

01152008 No Chg-NP CR2E037 (4/08)

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROTHSCHILD, HERMAN
2505 ROSEDOWN DRIVE
CANTONMENT, FL 32533**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

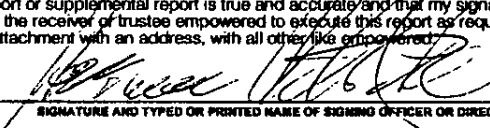
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000790525 01/23/08-80037-017 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD METTLE, GREGG BOX 219 CENTURY, FL 32535
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HURST, ROSE 3884 OAKUS STREET, 5-A MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD METTLE, BARBARA BOX 219 CENTURY, FL 32535
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROTHSCHILD, HERMAN 2505 ROSEDOWN DRIVE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  **Herman Rothschild** **1/18/08** **968 0329**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #