

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2007 8:00 am
Secretary of State

02-27-2007 90008 038 ****61.25

DOCUMENT # N06000000260 1. Entity Name CRESTWOOD BEACH CLUB, INC.					
Principal Place of Business 1227 CRESTWOOD DR DELRAY BEACH FL 33483			Mailing Address 1227 CRESTWOOD DR DELRAY BEACH FL 33483		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4827924	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STANLEY, THOMAS M ESQ MACMILLAN & STANLEY, PLLC 29 NE 4TH AVE DELRAY BEACH FL 33483				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VOSS, EDWIN P 1227 CRESTWOOD DR DELRAY BEACH FL 33483	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOULD, RITA M 1201 CRESTWOOD DR DELRAY BEACH FL 33483	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KALLMAN, MARGARET 1210 CRESTWOOD DR DELRAY BEACH FL 33483	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  EDWIN P. VOSS 2-15-07 561-272-0709					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					