


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90014 023 \*\*\*\*61.25

**DOCUMENT # N06000000735**

1. Entity Name  
**CRESCENT HILLS CONDOMINIUMS ASSOCIATION, INC.**



Principal Place of Business  
**2811-E INDUSTRIAL PLAZA DR  
TALLAHASSEE, FL 32301**

Mailing Address  
**2811-E INDUSTRIAL PLAZA DR  
TALLAHASSEE, FL 32301**



2. Principal Place of Business - No P.O. Box #  
**7113 Beech Ridge TRL**

3. Mailing Address  
**7113 Beech Ridge TRL**

Suite, Apt. #, etc.  
**Suite 1**

04092007 Chg-NP CR2E037 (12/06)

City & State  
**TALLAHASSEE, FL**

City & State  
**TALLAHASSEE, FL**

Zip  
**32312**

Country  
**USA**

Zip  
**32312**

Country  
**USA**

4. FEI Number  
**20-5326758**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GHAZVINI, MEHRDAD  
2811-E INDUSTRIAL PLAZA DR  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent  
Name **MARIE EDDY**  
Street Address (P.O. Box Number is Not Acceptable)  
**7113 BEECH RIDGE TRAIL**  
**Suite 1**  
City **TALLAHASSEE** FL Zip Code **32312**

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 *Marie Eddy* DATE **4/9/07**

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, 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	DP GHAZVINI, MEHRDAD 2811-E INDUSTRIAL PLAZA DR TALLAHASSEE, FL 32301 <input checked="" 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	DV GHAZVINI, HOSSEIN 2811-E INDUSTRIAL PLAZA DR 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	DS GHAZVINI, BEHZAD 2811-E INDUSTRIAL PLAZA DR 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	DT GHAZVINI, MEHRAN 2811-E INDUSTRIAL PLAZA DR 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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marie Eddy* DATE **4/9/07** DAYTIME PHONE # **850-894-1919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #