
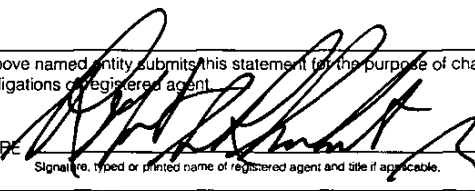
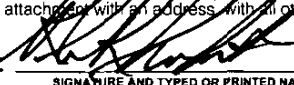


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 24 AM 8:03

| | | |
|---|--|---|
| DOCUMENT # N06000000735 1. Entity Name CRESCENT HILLS CONDOMINIUMS ASSOCIATION, INC. | |  |
| Principal Place of Business 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312 | | Mailing Address 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312 |
| 2. Principal Place of Business - No P.O. Box # 644 CAPITAL Circle NE | 3. Mailing Address PO Box 13089 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State Tallahassee FL | | City & State TALLAHASSEE FL |
| Zip 32301 | Country | Zip 32317 |
| Country | | Country |
| 6. Name and Address of Current Registered Agent EDDIE, MARIE 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312 | | 7. Name and Address of New Registered Agent Name Robert S Rhinehart Street Address (P.O. Box Number is Not Acceptable) 644 CAPITAL Circle NE City TALLAHASSEE FL Zip Code 32301 |
| 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  DATE 3/21/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DV <input type="checkbox"/> Delete GHAVINI, HOSSEIN 2811-E INDUSTRIAL PLAZA DR TALLAHASSEE, FL 32301 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS <input type="checkbox"/> Delete GHAVINI, BEHZAD 2811-E INDUSTRIAL PLAZA DR TALLAHASSEE, FL 32301 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT <input type="checkbox"/> Delete GHAVINI, MEHRAN 2811-E INDUSTRIAL PLAZA DR TALLAHASSEE, FL 32301 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP |
| 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  | | DATE 3/21/08 Daytime Phone # |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |

