## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000001132

FILED Feb 13, 2007 Secretary of State

Entity Name: CRESTVIEW SANDY RIDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:** New Principal Place of Business:

617 MAGNOLIA DR 700 SOUTH PALAFOX STREET

DESTIN, FL 32541 SUITE 85 PENSACOLA, FL 32502

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 820 617 MAGNOLIA DR

CRESTVIEW, FL 32536 DESTIN, FL 32541

FEI Number: 20-4410653 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROEBUCK, JULIAN W MCCANN, RONALD 617 MAGNÓLIA DR 1328 N. FÉRDON BLVD.

DESTIN, FL 32541 STE. 321 CRESTVIEW, FL 32536 US

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.

SIGNATURE: RONALD MCCANN 02/13/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

ROEBUCK, JULIAN W EVERETT, CHARLES R Name: Name: 617 MAGNOLIA DR Address: 700 SOUTH PALAFOX STREET, SUITE 85 Address:

City-St-Zip: DESTIN, FL 32541 City-St-Zip: PENSACOLA, FL 32502

Title: () Delete Title: (X) Change ( ) Addition ROEBUCK, MISTEI

Name: Name: LUSK, JAMES E Address: 617 MAGNOLIA DR Address:

700 SOUTH PALAFOX STREET, SUITE 85 City-St-Zip: DESTIN, FL 32541 City-St-Zip: PENSACOLA, FL 32502

Title: STD (X) Delete Title: () Change () Addition

BALTZELL, TAMMARA D Name: Name: 617 MAGNOLIA DR Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD MCCANN RΑ 02/13/2007