## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 18, 2008 08:00 A Secretary of State DOCUMENT # N06000003669 1. Entity Name OLSEN CREST HOMEOWNERS ASSOCIATION, INC. RECEIVED JAN 2 8 2008 Principal Place of Business Mailing Address 1701 TENNESSEE AVE 1701 TENNESSEE AVE STE 100 **STE 100** LYNN HAVEN FL 32444 LYNN HAVEN FL 32444 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 20-4581321 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NORTON, JAN M RA Street Address (P.O. Box Number is Not Acceptable) 1701 TENNESSEE AVENUE STE 100 LYNN HAVEN FL 32444 City 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or primed come of registered agent and tip. I amplicable. (NOTE: Registered Agent signature reducted when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be $\Box$ Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Tilbe ☐ Delete TITLE Change U00000906895 JENKINS, ERIC A P NAME NAME US/US/U8-80016-019 61.25 1701 TENNESSEE AVENUE STREET ADDIRESS STREET ADDRESS LYNN HAVEN FL 32444 Cff Y~ST-ZIP CITY-ST-ZIP THIE D Debte TITLE ☐ Change ☐ Addition NORTON, JAN M ST MALLE NAME 1701 TENNESSEE AVENUE STREET ADDRESS STREET ADDRESS LYNN HAVEN FL 32444 CiTY-ST-7IP CITY-ST-ZE THE ☐ Delete THE ☐ Change Addition BARRETT, GARY A VP NAME NAME 1701 TENNESSEE AVENUE STE 100 STREET ADDRESS STREET ADDRESS LYNN HAVEN FL 32444 CITY-ST-ZIP CITY-ST-ZiP ETLE Delete BILL Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP THE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7/P CITY-ST-ZP TITLE ☐ Delete ma. ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 conceration 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.

CITY-ST-ZiP

SIGNATURE:

CHY-ST-ZIP

a ct

Eric A Jenhius

4/17/08

850-277-047