

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000003732

1. Entity Name  
CRESCENT POINTE CONDOMINIUM ASSOCIATION, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 NOV -7 AM 11:50

Principal Place of Business  
4113 W CYPRESS STREET  
TAMPA, FL 33607

Mailing Address  
4113 W CYPRESS STREET  
TAMPA, FL 33607

2. Principal Place of Business - No P.O. Box #  
4112 W. Cypress Street

3. Mailing Address  
4112 W. Cypress Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tampa, Florida

City & State  
Tampa, Florida

10302007 REIN-NP

CR2E099 (1/07)

4. FEI Number  
20-8919317

Applied For  
Not Applicable

Zip  
33607

Country  
Hillsborough, USA

Zip  
33607

Country  
Hillsborough, USA

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

## 6. Name and Address of Current Registered Agent

WOOD, BRADLEY J ESQ  
2639 DR. M.L. KING JR STREET NORTH  
ST PETERSBURG, FL 33704

## 7. Name and Address of New Registered Agent

Name  
Wood, Bradley J., Esquire

Street Address (P.O. Box Number is Not Acceptable)

600 First Avenue North, Suite 302

City  
St. Petersburg

FL Zip Code  
33701

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 reinstating)

DATE

FILE NOW!!! FEE IS \$61.25  
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>FELTNER, SANDRA<br>4112 W CYPRESS STREET<br>TAMPA, FL 33607 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>WEDDING, ROBERT<br>4112 W CYPRESS STREET<br>TAMPA, FL 33607 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | STD<br>PALM, SARA<br>4112 W CYPRESS STREET<br>TAMPA, FL 33607     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete            |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>000112084930<br>11/07/07--01049--017 **\$1.25                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>D/T/S<br>Higman, Sara<br>4112 W. Cypress Street<br>Tampa, FL 33607 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>V/D<br>Wedding, Sally<br>4112 W. Cypress Street<br>Tampa, FL 33607 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: Sara Higman Sara Higman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/07

Date

813-879-6996

Daytime Phone #

REINSTATEMENT