2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009016

FILED Jul 31, 2008 Secretary of State

Entity Name: CEDARCREST COMMUNITY ASSOCIATION, INC.

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

600 NORTH WESTSHORE BOULEVARD
SUITE 400
TAMPA, FL 33609

19 E. CENTRAL BLVD
SECOND FLOOR
ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

600 NORTH WESTSHORE BOULEVARD
SUITE 400
TAMPA, FL 33609

19 E. CENTRAL BLVD
SECOND FLOOR
ORLANDO, FL 32801

FEI Number: 68-0643642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

O'RYAN, CHRISTIAN F
600 NORTH WESTSHORE BOULEVARD
SUITE 400
TAMPA, FL 33609 US

COMMUNITY RESOURCE MANAGEMENT
19 E. CENTRAL BLVD
SECOND FLOOR
ORLANDO, FL 32801 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: FRANK SURFACE 07/31/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 CACHON, MICHAEL
 Name:
 MANSOUR, MAHDI

 Address:
 600 NORTH WESTSHORE BOULEVARD SUITE 400
 Address:
 19 E. CENTRAL BLVD

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:
 ORLANDO, FL 32801

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

Name: MIDDLETON, HEATHER Name: JESKI, BOB
Address: 600 NORTH WESTSHORE BOULEVARD SUITE 400 Address: 19 E. CENTRAL BLVD

City-St-Zip: TAMPA, FL 33609 City-St-Zip: ORLANDO, FL 32801

Title: VD () Delete Title: SD (X) Change () Addition

Name:EICHHOLT, DUSTYName:SOUTHWARD, MIKEAddress:600 NORTH WESTSHORE BOULEVARD SUITE 400Address:19 E. CENTRAL BLVDCity-St-Zip:TAMPA, FL 33609City-St-Zip:ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify 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: MAHDI MANSOUR P 07/31/2008