

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2008 8:00 am
Secretary of State

05-05-2008 90222 019 ****61.25

DOCUMENT # N07000001827 1. Entity Name DREW CREST CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1253 PARK STREET CLEARWATER, FL 33756		Mailing Address 1253 PARK STREET CLEARWATER, FL 33756	
2. Principal Place of Business - No P.O. Box # 120 N. Hillcrest		3. Mailing Address 120 N. Hillcrest Ave	
Suite, Apt. #, etc. 7		Suite, Apt. #, etc. 7	
City & State Clearwater FL		City & State Clearwater	
Zip 33755		Zip 33755	
Country USA		Country USA	
4. FEL Number 39-609825		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARD, R. CARLTON 1253 PARK STREET CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ City _____ FL 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. 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)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 PD BALDWIN, GERALD O 1385 DREW ST. #2 CLEARWATER, FL 33755	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP VD BARRIENTOS, ERNESTO 1385 DREW ST. #3 CLEARWATER, FL 33755	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP S MANNIX, PAUL 1385 DREW ST. #4 CLEARWATER, FL 33755	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP TD DILLON, THOMAS 1385 DREW ST. #2 CLEARWATER, FL 33755	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 120 N. Hillcrest #7	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D RHODES, WILLIAM 1385 DREW ST. #1 CLEARWATER, FL 33755	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP _____	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP _____	☐ Change ☐ 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: <u>William E. Rhodes</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>1-5-2008</u> Daytime Phone #: <u>727-424-2687</u>	

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