04211999-90188-025-$61.25-$61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

558208 - 90022 - 25

DOCUMENT # N11895

1. Corporation Name
CRESCENT LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5800 FAIRVIEW DRIVE PENSACOLA FL 32505	5800 FAIRVIEW DRIVE PENSACOLA FL 32505

2. Principal Place of Business	2a. Mailing Address
21 909 Spring Brook	26 909 Spring Brook
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pensacola Fl	City & State 28 Pensacola Fl
Zip 24 32505 Country 25 Escambia	Zip 29 32505 Country 30 Escambia

3. Date Incorporated or Qualified: 11/04/1985

4. FEI Number: 59-3146435 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GILES, G. CURTIS
5800 FAIRVIEW DRIVE
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

81 Name: MONTGOMERY, KAREN
82 Street Address (P.O. Box Number Is Not Acceptable): 909 SPRING BROOK
83
84 City: PENSACOLA FL 85 Zip Code: 32505

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: KAREN MONTGOMERY ✓ Karen G. Montgomery 5-14-99 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when designated)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MONTGOMERY, KAREN		1.2 NAME		
STREET ADDRESS	909 SPRING BROOK		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARDIN, ROSE		2.2 NAME		
STREET ADDRESS	1004 RAINBOW AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GILBERT, CLEON		3.2 NAME		
STREET ADDRESS	5508 FAIRVIEW DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE	~~TD~~	☑ DELETE	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	~~GILES, G. CURTIS~~		4.2 NAME	Faith Conway	
STREET ADDRESS	~~5800 FAIRVIEW DRIVE~~		4.3 STREET ADDRESS	911 Crystal Springs Ave.	
CITY-ST-ZIP	~~PENSACOLA FL~~		4.4 CITY-ST-ZIP	Pensacola Fl 32505	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HICKS, DAVID		5.2 NAME		
STREET ADDRESS	924 CRANBROOK		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GILES, JANE		6.2 NAME		
STREET ADDRESS	5800 FAIRVIEW DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-15-99 850 444-9484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #