

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90049 025 ****61.25

DOCUMENT # N18647 1. Entity Name THE CREST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3040 CREST DRIVE CLEARWATER, FL 33759 US			Mailing Address 3021 CREST DRIVE CLEARWATER, FL 33759 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2977764	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CLARK, JAMES 3040 CREST DRIVE CLEARWATER, FL 33759				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, JAMES		NAME		
STREET ADDRESS	3040 CREST DRIVE		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33759		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NISULA, WAYNE		NAME		
STREET ADDRESS	3045 CREST DRIVE		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33759		CITY - ST - ZIP		
TITLE	TREA	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TSCHUPP, SUSI		NAME	TREASURER	
STREET ADDRESS	3021 CREST DR		STREET ADDRESS	LAURIS Smithies	
CITY - ST - ZIP	CLEARWATER, FL 33759		CITY - ST - ZIP	3032 CREST DR.	
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REEVES, TERRI		NAME		
STREET ADDRESS	3069 CREST DRIVE		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33759		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Lauris Smithies</i> / LAURIS Smithies			1/8/07 727 791 8559		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		