

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21529 (5)
1. Corporation Name
CRESCENT LAKE PRESERVATION ASSOCIATION INC.



Principal Place of Business: **5760 W. SHORE DRIVE PENSACOLA FL 32526 US**
Mailing Address: **P. O. BOX 37441 PENSACOLA FL 32526 US**

3. Date Incorporated or Qualified: **06/17/1987**
3a. Date of Last Report: **03/03/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2961242	<input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARCINIAK, EDWIN W 5780 W. SHORE DRIVE PENSACOLA FL 32526				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	State
					PENSACOLA	FL	32505-2039

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: *Alan K. McCoy* **ALAN K. MCCOY TREASURE** DATE: **1/29/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	DT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BRYAN, ALBERT E.		1.2 NAME	ALAN K MCCOY			
STREET ADDRESS	6009 E. SHORE DR.		1.3 STREET ADDRESS	6211 EAST SHORE DR			
CITY - ST - ZIP	PENSACOLA FL		1.4 CITY - ST - ZIP	PENSACOLA, FL 32505			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GOTT, WILLIAM ANDREW		2.2 NAME	AL ALFORD			
STREET ADDRESS	5840 W. SHORE DR.		2.3 STREET ADDRESS	5802 WEST SHORE DR.			
CITY - ST - ZIP	PENSACOLA FL		2.4 CITY - ST - ZIP	PENSACOLA, FL 32526			
TITLE	DC	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CHILDERS, WILLIAM V.		3.2 NAME	JAMES GREUNKE			
STREET ADDRESS	5780 W. SHORE DR.		3.3 STREET ADDRESS	5924 WEST SHORE DR.			
CITY - ST - ZIP	PENSACOLA FL		3.4 CITY - ST - ZIP	PENSACOLA, FL 32526			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BREWER, A.WAYNE		4.2 NAME				
STREET ADDRESS	6016 W. SHORE DR.		4.3 STREET ADDRESS				
CITY - ST - ZIP	PENSACOLA FL		4.4 CITY - ST - ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCOTT, RONNIE G		5.2 NAME				
STREET ADDRESS	5842 W. SHORE DR.		5.3 STREET ADDRESS				
CITY - ST - ZIP	PENSACOLA FL		5.4 CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GLOVER, ROBERT G		6.2 NAME				
STREET ADDRESS	5003 SKYLARK CT		6.3 STREET ADDRESS				
CITY - ST - ZIP	PENSACOLA FL		6.4 CITY - ST - ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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.

SIGNATURE: *Alan K. McCoy* **ALAN K MCCOY TREASURE** DATE: **1/29/96** DAYTIME PHONE #: **904 452-5934**

CR2E037 (12/95)