3-27-97 B- 3683 C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT #

N21529

(5)

CRESCENT LAKE PRESERVATION ASSOCIATION INC. Principal Place of Business Mailing Address Mailing Address P. O. BOX 37441 PENSACOLA FL 32526 US US									
US		n ₂				3. Date Incorporated or Qualified 06/17/1987	3a. Da	te of Last Re 02/27/19	
	lace of Business	2a. Mailing Address				4. FEI Number 59-2961242			plied For
Suite, Apt.) WESTSHORE DR. #, etc	Suite, Apt. #, etc.		 		5. Certificate of Status Desired		\$8.75	
Cuty & State	é	City & State				6. Election Campaign Financing		Fee Re	
23 PENS	ACOLA FL	28				Trust Fund Contribution		\$5.00 Added to	
Zip 325	26 ESA	Zıp 29	Cour 30	ntry		This corporation has liability for i Florida Statutes		tax under s. •No	199.032,
	9. Name and Address of Current	t Registered Agent		B1 Name		10. Name and Address of New Re	gistered /	Agent	
DT MCCOY, ALAN K. 3211 E. SHORE DRIVE						ress (P.O. Box Number is Not Acceptable)			
PENSACOLA FL 32505			Ī	83				 	
			h	64 City			FL	85 Zip (Code
office or r agent. I a StGNATURE	to the provisions of Sections 617,0502 egistered agent or both, in the State im familiar with, and accept the obligation Stgrature, typed or profess name of registered agent OFFICERS ANI	of Florida. Such change was ations of, Section 617.0503, F nt and title 1 applicable. (NO	authorized lorida Statu	by the col ites.	rporatio	whis board of directors. I hereby access the state of the	of the app	ointment as	registered
TITLE	D OFFICERS AINL	DELETE	1.1 111	LE			LIIO MINL	Change	Additio
NAME	BRYAN, ALBERT E.		1.2 NA)	ME	ÁL	BORD AL		**	
STREET ADDRESS	6009 E. SHORE DR.		1.3 STF	REET ADDRESS	580	2 W. SHILL DR	-0-		
CITY-ST-ZiP	PENSACOLA FL	₩ DELETE		Y-ST-ZIP	18	NSACOLA, FL 32	<u>526</u>	Change	Additio
TITLE NAME	D GOTT, WILLIAM ANDREW	N DELETE	2.1 TIT	-	MA	rciniak, Edward		-1 nignite	MODICIO
STREET ADDRESS	5640 W. SHORE DR.			ieet address	57	80 W. SHORE DR			
CITY-ST-ZIP	PENSACOLA FL			TY-ST-ZIP		INSACNA, FL 325	26		
TITLE	DC	D ELETE	3.1 TIT	LE	P	, , , , , , , , , , , , , , , , , , , ,		Change	Addition Addition
NAME	CHILDERS, WILLIAM V.		3.2 NA		577	SPHENS, MIKE			
STREET ADDRESS	5760 W. SHORE DR.			REET ADDRESS		OF HIGH POINTE PL.			
CITY-ST-ZIP TITLE	PENSACOLA FL D	⋈ D€LETE	3.4. CII 4.1 TIT	IY-ST-ZIP Le	a	insacoia, FL 305:	16	Change	Additio
NAME	BREWER, A.WAYNE		4. 2 NA			NSON, TERRELL			
STREET ADDRESS	6016 W. SHORE DR.		4.3 STF	REET ADDRESS		W W. SHORE DR.			
CITY-ST-ZIP	PENSACOLA FL	<u> </u>		Y-ST-ZIP	Pp	NSACOLA, FL 3253	16	- 	
TITLE	₩ 7	DELETE	5.1 Tit		D			Change	Addition Addition
NAME	SCOTT, RONNIE G		5.2 NAI			RUNKE, JAMES			
STREET ADDRESS	5842 W. SHORE DR.		- 6	REET ADDRESS		24 WISHORE DR.			
CITY-ST-ZIP TITLE	PENSACOLA FL D	DELETE	5.4 CII 6.1 TITI	Y-ST-ZIP LE	17	NSACOLA, FL 32526		Change	Additio
NAME	GLOVER, ROBERT G	******	6.2 NAJ		Ď6	STAFNAY, JIM			
STREET ADDRESS	5003 SKYLARK CT			REET ADDRESS	50	PY PINE HOLLOW DR-			•
CITY - ST - ZIP	PENSACOLA FL			Y - ST - ZIP		NSACOLA. FL			

14. I do 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.

SIGNATURE:

CHANGE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3/23/97

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FILED

Mar 27 1997 8:00am

Secretary of State