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**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90131 031 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N21529**

1. Corporation Name

**CRESCENT LAKE PRESERVATION ASSOCIATION INC.**

Principal Place of Business

Mailing Address

5802 WEST SHORE DR.  
 PENSACOLA FL 32526  
 US

P. O. BOX 37441  
 PENSACOLA FL 32526  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

06/17/1987

22 City & State

27 City & State

4. FEI Number  
 59-2961242

Applied For  
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCOY, ALAN K.  
 3211 E. SHORE DRIVE  
 PENSACOLA FL 32505

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYAN, ALBERT E.	
STREET ADDRESS	6009 E. SHORE DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MARCINAİK, EDWARD	
STREET ADDRESS	5780 W. SHORE DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHENS, MIKE	
STREET ADDRESS	3009 HIGH POINTE PLACE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAWSON, TERRELL	
STREET ADDRESS	5740 W. SHORE DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCOTT, RONNIE G	
STREET ADDRESS	5842 W. SHORE DR.	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	ALFORD, E P (AL)	
STREET ADDRESS	5802 WESTSHORE DR	
CITY-ST-ZIP	PENSACOLA FL 32526	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

*Alan McCoy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 ALAN K MCCOY 4/14/99 850 452 434  
 Date Daytime Phone #

CR2F037-1198