

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91306 034 ****61.25

DOCUMENT # N21529

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2961242

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Alan K McCoy

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

(NOTE: Registered Agent signature required when reinstating)

5/9/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	MARCINAIK, 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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Alan K McCoy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/01

850-452-4343

DATE PHONE #

CR2E037 (10/00)