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NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(5)

FILED Mar 19 1998 8:00am Secretary of State

CRESC	ENT FOREST HOMEOWNE	RS ASSOCIATION, IN	C. ——			
1040 KEY LATERN DR PORT RICHEY FL 34654 US		P.O. BOX 2003 NEW PORT RICHEY FL 34656		3. Date Incorporated or Qualified 11/02/1987		
••					4. FEI Number	Applied For
2. Principal Pl	ace of Business	2a. Mailing Address			59-2860085	Not Applicat \$8.75 Additional
21	••••	26			5. Certificate of Status Desired	Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Election Campaign Financing	\$5.00 May Be
22		27			Trust Fund Contribution	Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowr	ners association?
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registers	d Agent
				81 Name		• • • • • • • • • • • • • • • • • • •
	IS, DAVID			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	.1
	CUBELLIS RD.			63		
"10440 KEY LANTERN DR NEW PORT RICHEY FL 34854						
NEW PU	MI HICHET FL 34054			84 City	F	85 Zip Code
-	o the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 617.1508, Florida Statut of Florida. Such change was ations of, Section 617.0503, Fl	es, the at authorized orida Stat	pove-named co d by the corpor utes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	
SIGNATURE _	Signature, typed or printed name of registered age	int and title if applicable (NOT	E: Registered	Agent signature req	ulred When reinstating) DATE	
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	☐ DELETE	1.1 19	rLE	1	Change Additi
NAME	WILLIAMS, DAVID W.		1.2 N	ME	+ . 1	
STREET ADDRESS	P.O. BOX 2003 N/A		1.3 \$1	REET ADDRESS	r e	
CITY-ST-ZIP	NEW PORT RICHEY FL	The see		TY-ST-ZIP		
TITLE	0	☐ DELETE	2.1 Ti	1	ا مراکز در میں ا	☐ Change ☐ Addit
NAME	PETERS, MIKE 8741 CRESENT FOREST BLV	in.	2.2 N/		· W	
STREET ADDRESS	NEW PORT RICHEY FL 3465			REET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	3.1 10	TY-ST-ZIP	الغيوج حا ومعهورين	Change Additi
NAME	VELTEN, FRANK	(32 N			
STREET ADDRESS	8927 CRESCENT FOREST BL	.VD		REET ADDRESS	. * *,	
CITY-ST-ZIP	NEW PORT RICHEY FL 3465		3.4. C	ITY-ST-ZIP		
TITLE		DELETE	4.1 TI	rle .		Change Addit
NAME			4.2 N	AME		
STREET ADDRESS			4.3 S1	REET ADDRESS		
CITY-ST-ZIP		FT Severe	_	TY-ST-ZIP		Channa Additi
TITLE		☐ DELETE	5.1 TO	1		Ti∧usu8e Tivoose
NAME			5.2 N			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 Ci 6.1 Ti	TY-ST-ZIP		Change Additi
NAME			6.2 N			
STREET ADORESS				REET ADDRESS		
CITY-ST.73P			840	TY-\$T-71P		
14. I hereby of indicated officer or of Block 12 of	ertify that the information supplied w on this annual report or supplements director of the corporation or the reo or Block 13 if changed, or on an atta	ith this filing does not qualify fall annual report is true and accelver or trustee empowered to charge with an address.	or the execute to	emption stated of that my signa this report as re	in Section 119.07(3)(i), Florida Statutes. I further ture shall have the same legal effect as if made equired by Chapter 617, Florida Statutes; and the	certify that the information under oath; that I am an at my name appears in
SIGNAT	URE:	I WWW	(1)	ED	3/10/98	813-861-075