

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90034 023 ****61.25

DOCUMENT # N 23284
1. Entity Name
 CRESCENT FOREST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10730 U. S. 19 Suite 17 Port Richey, FL	10730 U.S. 19 Suite 17 Port Richey, FL 34668

2. Principal Place of Business 10730 U.S. 19 Suite, Apt. #, etc. 17	3. Mailing Address 10730 U.S. 19 Suite, Apt. #, etc. Suite 17
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City & State Port Richey, FL	City & State Port Richey, FL
Zip 34668	Country Pasco

4. FEI Number 59-2860085	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Qualified Property Management, Inc.
 10730 U.S. 19
 Suite 17
 Port Richey, FL 34668

7. Name and Address of New Registered Agent

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 _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE VD NAME Letchworth, Forrest STREET ADDRESS 8705 Crescent Forest Blvd. CITY-ST-ZIP New Port Richey, FL	<input type="checkbox"/> Delete
TITLE PD NAME Lombardi, Donna STREET ADDRESS 8926 Crescent Forest Blvd. CITY-ST-ZIP New Port Richey, FL	<input type="checkbox"/> Delete
TITLE STD NAME Buttacavali, Jill STREET ADDRESS 8021 Moonlight Lane CITY-ST-ZIP New Port Richey, FL	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jill Buttacavali* **4-17-2001** **127-845-5550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)