

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90048 019 ****61.25

DOCUMENT # N23284

1. Entity Name

CRESCENT FOREST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10730 US 19
 17
 PORT RICHEY FL 34668
 US

10730 US 19
 17
 PORT RICHEY FL 34668
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2860085

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WILLIAMS, DAVID
8930 DECUBELLIS RD.
10440 KEY LANTERN DR
NEW PORT RICHEY FL 34654

Name
Qualified Property Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)
10730 U. S. Highway 19

Suite 17

City
Port Richey

FL

Zip Code
34668

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

David Williams *Agent*

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

(NOTE: Registered Agent signature required when reinstating)

2/28/02

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 **VP** Delete
 NAME **LEITCHWORTH, F.B.**
 STREET ADDRESS **8706 CRESCENT FOREST BLVD.**
 CITY-ST-ZIP **NEW PORT RICHEY FL --**

TITLE **VP** Change Addition
 NAME **Donovan, Kenneth, Jr.**
 STREET ADDRESS **8822 Whispering Oaks Trail**
 CITY-ST-ZIP **New Port Richey, FL**

TITLE **STD** Delete
 NAME **BUTTACAVOLI, JILL**
 STREET ADDRESS **8021 MOONLIGHT LN**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654 --**

TITLE **STD** Change Addition
 NAME **Nelson, Denise A.**
 STREET ADDRESS **8739 Whispering Oaks Trail**
 CITY-ST-ZIP **New Port Richey, FL**

TITLE **PD** Delete
 NAME **LOMBARDI, DONNA**
 STREET ADDRESS **8926 CRESCENT FOREST BLVD.**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Delete
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TITLE Change 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:

Denise Nelson
WILLIAMS, DAVID

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3802

Date

Daytime Phone #

CR2E037 (9/01)