



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90050 047 ****61.25

DOCUMENT # N23284			
1. Entity Name CRESCENT FOREST HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 10730 US 19 17 PORT RICHEY, FL 34668 US		Mailing Address 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	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
QUALIFIED PROPERTY MANAGEMENT, INC 10730 U.S. HIGHWAY 19 SUITE 17 PORT RICHEY, FL 34668		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VD NAME: DONOVAN, KENNETH JR STREET ADDRESS: 8922 WHISPERING OAKS TRAIL CITY-ST-ZIP: NEWPORT RICHEY, FL	<input checked="" type="checkbox"/> Delete	TITLE: VD NAME: Donovan, Kenneth, Jr. STREET ADDRESS: 10730 U. S. 19, Ste. 17 CITY-ST-ZIP: Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: HUGHES, MIKE STREET ADDRESS: 8951 CRESCENT FOREST BLVD CITY-ST-ZIP: NEWPORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete	TITLE: STD NAME: Hughes, Mike STREET ADDRESS: 10730 U. S. 19, Ste. 17 CITY-ST-ZIP: Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: PARIS, MARIA STREET ADDRESS: 8963 CRESCENT FOREST BLVD CITY-ST-ZIP: NEWPORT RICHEY, FL	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Paris, Maria STREET ADDRESS: 10730 U.S. 19, Ste. 17 CITY-ST-ZIP: Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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4. FEI Number 59-2860085 Applied For Not Applicable

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