

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 12, 2009  
Secretary of State**

DOCUMENT# N23284

Entity Name: CRESCENT FOREST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5901 US 19 N  
STE 7Q  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

5901 US 19 N  
STE 7Q  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

FEI Number: 59-2860085      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

QUALIFIED PROPERTY MANAGEMENT, INC  
5901 US 19 N  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: DONOVAN, KEN  
Address: 5901 US 19 N, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: STD ( ) Delete  
Name: BLAIR, JERRY  
Address: 5901 US 19 N, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: P ( ) Delete  
Name: LOMBARI, DONNA  
Address: 5901 US 19 N, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SAMPLE, JIM  
Address: 5901 US 19 N, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP (X) Change ( ) Addition  
Name: BLAIR, JERRY  
Address: 5901 US 19 N, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S (X) Change ( ) Addition  
Name: LOMBARI, DONNA  
Address: 5901 US 19 N, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY WHITE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

AGEN

03/12/2009

\_\_\_\_\_  
Date