FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32903

Country

9. Name and Address of Current Registered Agent

1. Corporation Name

CREWSVILLE SWEETWATER PHASE II PROPERTYOWNERS AS SOCIATION, INC.

Principal Place of Business
% MARVIN KAHN
5301 OAKLAND RD
SEBRING FL 33870

21

22

23

24

Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE

Mailing Address

% MARVIN KAHN 5301 OAKLAND RD SEBRING FL 33870

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

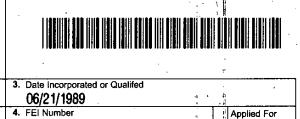
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FILED Feb 01, 1999 8:00am Secretary of State

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Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

65-0203465

5. Certifcate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

KAHN, M/ 5301 OAK				Street Address (P.O. Box Number is Not Acceptable)					
SEBRING				83					
			84	City			85 Zip Co	ode	
FL FL FL FL FL FL FL FL									
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE "									
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
TITLE	PD	DELETE	1.1 TITLE				Change	Addition	
NAME	KAHN, MARVIN		1.2 NAME		· · · ·	•			
STREET ADDRESS	5301 OAKLAND RD		1.3 STREET	ADDRESS			4 .0		
CITY-ST-ZIP	SEBRING FL		1.4 CITY-S1						
TITLE	VD	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	DOUBERLEY, R. WAYNE		2.2 NAME					•	
STREET ADDRESS	5301 OAKLAND RD		2.3 STREET	ADDRESS	s				
CITY-ST-ZIP	SEBRING FL		2. 4 CITY-S	T-ZIP				{	
TITLE	STD	☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME	EIDENBERGER, THOMAS L.		3.2 NAME						
STREET ADDRESS	5301-OAKLAND RD		3.3 STREET	ADDRESS					
CITY-ST-ZIP	SEBRING FL		3.4. CITY-S	T-ZIP	· ·		11		
TITLE .		☐ DELETE	4.1 TITLE				☐ Change	Addition	
NAME			4. 2 NAME					.,,,	
STREET ADDRESS		:	4.3 STREET	ADDRESS	3				
CITY-ST-ZIP	· .		4.4 CITY-ST	- ZIP		<u> </u>	, 4,4° c	1, 1	
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME				Ť		
STREET ADDRESS			5.3 STREET	ADDRESS	3				
CITY-ST-ZIP	·		5.4 CITY-ST	-ZIP			. 11		
TITLE		☐ DELETE	6.1 TITLE		·		☐ Change	☐ Addition	
NAME	e Valencia (Section 1997). The Section 1997 of the Section 1997 o		6.2 NAME			• .			
STREET ADDRESS			.6.3 STREET				*	•	
CITY-ST-ZIP		1	6.4 CITY- ST		1		* **		
14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.									

Country

Name

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