

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                  |                                                                                   |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N32903</b><br>1. Entity Name<br>CREWSVILLE SWEETWATER PHASE II<br>PROPERTYOWNERS ASSOCIATION, INC. |  |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                         |                                                       |
|-------------------------------------------------------------------------|-------------------------------------------------------|
| Principal Place of Business<br>220 S. COMMERCE AVE<br>SEBRING, FL 33870 | Mailing Address<br>P.O. BOX 3346<br>SEBRING, FL 33870 |
|-------------------------------------------------------------------------|-------------------------------------------------------|



01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>65-0203465                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required               |

|                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>KAHN, MARVIN<br>220 S COMMERCE AVE<br>SEBRING, FL 33870 |
|-----------------------------------------------------------------------------------------------------------------------|

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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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                     |                                                                     |
|------------------------------------------------|---------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>KAHN, MARVIN<br>220 S COMMERCE AVE<br>SEBRING, FL             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>DOUBERLEY, R. WAYNE<br>220 S COMMERCE AVE<br>SEBRING, FL      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>EIDENBERGER, THOMAS L.<br>220 S. COMMERCE AVE<br>SEBRING, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     |

1000000185057  
01/20/05-80057-018 61.25

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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 another like empowered.

SIGNATURE: *Ms. Sch...* 01/11/05 823/385-6136  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #