


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N32903**

1. Entity Name  
**CREWSVILLE SWEETWATER PHASE II PROPERTYOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>220 S. COMMERCE AVE          SEBRING, FL 33870</b>	Mailing Address <b>P.O. BOX 3346          SEBRING, FL 33870</b>
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**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent

**KAHN, MARVIN  
 220 S COMMERCE AVE  
 SEBRING, FL 33870**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAHN, MARVIN 220 S COMMERCE AVE SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOUBERLEY, R. WAYNE 220 S COMMERCE AVE SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EIDENBERGER, THOMAS L. 220 S. COMMERCE AVE SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/24/06-800009-018 61.25

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:**  **1-13-06** **863-385-6136**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #