


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N32903
 1. Entity Name
**CREWSTVILLE SWEETWATER PHASE II
 PROPERTYOWNERS ASSOCIATION, INC.**



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



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0203465	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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
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 01/19/07-80017-023 61.25

**DO NOT WRITE
 IN THIS SPACE**

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 empowerments.

SIGNATURE: *[Signature]* 1-16-07 863-385-6136
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #