2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N34449

Entity Name: CRESCENT OAKS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

STERLING MANAGEMENT SERVICES
2870 SCHERER DRIVE N., SUITE 100
SAINT PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

STERLING MANAGEMENT SERVICES
2870 SCHERER DRIVE N., SUITE 100
SAINT PETERSBURG, FL 33716 US

New Mailing Address:

FEI Number: 59-3007643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUDNY, MICHAEL
200 N. PINE AVE
SUITE A
OLDSMAR, FL 34677 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: S ( ) Delete
Name: MCDONALD, JIM
Address: 347 TALL OAK TRAIL
City-St-Zip: TARPON SPRINGS, FL 34688

Title: P ( ) Delete
Name: MIOLLA, JOHN
Address: 1233 KINGSWAY LANE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: DT ( ) Delete
Name: SCHULTZ, BARBARA
Address: 1314 KINGSWAY LANE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D ( ) Delete
Name: UPCHURCH, JOAN
Address: 1290 DARTFORD DR
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D ( ) Delete
Name: WHITE, DOUGLAS
Address: 3300 CRSECENT OAKS BLVD.
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: STAFFORD, WILLIAM
Address: 3300 CRESCENT OAKS BLVD.
City-St-Zip: TARPON SPRINGS, FL 34688

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: JOE SANDERS PM 04/24/2009
Electronic Signature of Signing Officer or Director — Date