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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35372

1. Corporation Name

CREST PLACE OWNERS' ASSOCIATION, INC.

Principal Place of Business

8525 S HIGHWAY 441
LEESBURG FL 34788
US

Mailing Address

P O BOX 491271
LEESBURG FL 34749
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 8543 S HIGHWAY 441

26

11/22/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 City & State

27

City & State

59-3011435

Not Applicable

23 LEESBURG, FL

28

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

24 34788 25 Country

29

Zip Country

6. Election Campaign Financing ☐

\$5.00 May Be

24 34788 25

29

Zip Country

Trust Fund Contribution ☐

Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PURDUM, ROSEMARY P.
33703 OVERTON DR.
LEESBURG FL 34788

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 agent 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 DP ☐ DELETE
NAME ANDREWS, DANIEL M.
STREET ADDRESS 8525 S. HIGHWAY 441
CITY-ST-ZIP LEESBURG FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PURDUM, ROSEMARY P.
STREET ADDRESS 33703 OVERTON DR.
CITY-ST-ZIP LEESBURG FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DST ☐ DELETE
NAME BERGMAN, EDWARD JR
STREET ADDRESS 8541 S HWY 441
CITY-ST-ZIP LEESBURG FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED M. ANDREWS 1/21/99 352-326-8001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)