2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # N35372 1. Entity Name CREST PLACE OWNERS' ASSOCIATION, INC.							05-03-200			51.25
Principal Place of Business 8543 S HIGHWAY 441 LEESBURG, FL 34788 US Mailing Address P O BOX 491271 LEESBURG, FL 34749			US					ე ყს (
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2. Principal Place of Business 3. Mailie		ng Address					EM 11101 O1100 13511 LEUXU U	#1 B101 0151 WI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04292004	Chg-NP	CR2E0	37 (10/03)	
City & State		City & State			4. FEI 59		er 1435		 	plied For t Applicable
Zip	Country Zip)	Cou	intry		5. Certificate	e of Status Desired		\$8.75 Add	litional
6. 1	Name and Address of Current Registere	d Agent		<u> </u>		7. Name and	d Address of New	Registered a		<u>.</u>
-				Name						
PURDUM, ROSEMARY P. 33703 OVERTON DR.				Daniel M. Andrews Steet Address (P.O. Box Number, is Not Acceptable) 8543 U.S. Highway 441						
LEESBURG, FL	. 34788						9111147 11			
				City FI Zip Code						
8. The above named entity submits this statement for the purpose of changing its reg				Leesburg, FL 34788 and office or registered agent, or both, in the State of Florida. I am familiar with, and						
the obligations of	registered agent.									
SIGNATURE										
	e, typed or printed name of registered agent and title if app	licable. (NOTE	: Registere	d Agent signatu	ure required	when reinstating)		DATE		
Signaturi	e, typed or printed name of registered agent and title if app g Fee is \$61.25 by May 1, 2004	9. Election Cam Trust Fund C	npaign F	inancing	ure required	\$5.00 May Added to Fees		Make checl	k payable to	
Signatur Filin Due	g Fee is \$61.25	9. Election Carr	npaign F	inancing		\$5.00 May Added to Fees		Make checl rida Depar	tment of St	ate
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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 all other like empowered.

SIGNATURE: Daniel M. Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF SIGNING OFFICER OF PRINTED NAME OF SIGNING OFFICER OFFICER OFFICER OF SIGNING OFFICER OFFICER OFFICER OF SIGNING OFFICER OFFICER

4/29/04

352-326-8001 Daytime Phone #