

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N36327 (7)  
1. Corporation Name  
CRESCENT LAKE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address  
P.O. BOX 76065 P.O. BOX 76065  
ST. PETERSBURG FL 33734 ST. PETERSBURG FL 33734  
US US

3. Date Incorporated or Qualified 01/18/1990 3a. Date of Last Report 04/18/1995

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3012189 Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required  
22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLEMMONS, TIM  
819 18TH AVE. N.  
ST PETERSBURG FL 33701

81 Name JAMES BRENNAN  
82 Street Address (P.O. Box Number is Not Acceptable) 6822-22 AV., N., # 202  
83  
84 City ST. PETERSBURG FL 85 Zip Code 33710

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 JAMES BRENNAN, TREASURER 8/1/96  
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 PD 1.1 TITLE SD  
NAME CLEMMONS, TIM 1.2 NAME VERONICA ALMY  
STREET ADDRESS 819 18TH AVE N 1.3 STREET ADDRESS 760-19th AV. N.  
CITY - ST - ZIP ST PETERSBURG FL 1.4 CITY - ST - ZIP ST PETERSBURG, FL 33704  
TITLE VD 2.1 TITLE TD  
NAME LEADBETTER, FRED 2.2 NAME JAMES BRENNAN  
STREET ADDRESS 701-18TH AVE. N 2.3 STREET ADDRESS 6822-22 AV., N., #202  
CITY - ST - ZIP ST PETERSBURG FL 2.4 CITY - ST - ZIP ST. PETERSBURG, FL 33710  
TITLE SD 3.1 TITLE D  
NAME ULRICH, JEFF 3.2 NAME TIM CLEMMONS  
STREET ADDRESS 1300-8TH ST N 3.3 STREET ADDRESS 819-18th AV. N.  
CITY - ST - ZIP ST PETERSBURG FL 3.4 CITY - ST - ZIP ST. PETERSBURG, FL 33704  
TITLE TD 4.1 TITLE D  
NAME APPLE, LISA 4.2 NAME CAROL HENDERSON  
STREET ADDRESS 720 13TH AVE. N. 4.3 STREET ADDRESS 1916-7th ST N.  
CITY - ST - ZIP ST PETERSBURG FL 4.4 CITY - ST - ZIP ST. PETERSBURG, FL 33704  
TITLE D 5.1 TITLE D  
NAME CLARKE, JON 5.2 NAME LAURA MCLEMORE  
STREET ADDRESS 727 13TH AVE. N. 5.3 STREET ADDRESS 700-13th AV. N.  
CITY - ST - ZIP ST. PETERSBURG FL 5.4 CITY - ST - ZIP ST. PETERSBURG, FL 33701  
TITLE D 6.1 TITLE D  
NAME CLARKE, HILARY 6.2 NAME ANGELA WOODWARD  
STREET ADDRESS 727 13TH AVE N 6.3 STREET ADDRESS 770-19th AV. N.  
CITY - ST - ZIP ST PETERSBURG FL 6.4 CITY - ST - ZIP ST. PETERSBURG, FL 33704

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: JAMES BRENNAN 8/1/96 824-7819  
Signature and typed or printed name of signing officer or director Date Daytime Phone #