


FILE NOW: FILING FEE IS \$61.25

FILED

Sep 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> N 36327			
<b>1. Corporation Name</b> CRESCENT LAKE NEIGHBORHOOD ASSOCIATION, INC.			
<b>Principal Place of Business</b> P.O. Box 76065 ST. PETERSBURG FLORIDA 33734		<b>Mailing Address</b>	
<b>2. Principal Place of Business</b> 21 P.O. Box 76065 Suite, Apt. #, etc.		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc.	
<b>23. City &amp; State</b> ST. PETERSBURG FL		<b>28. City &amp; State</b>	
<b>24. Zip</b> 33734		<b>29. Country</b>	
<b>25. PINELLAS</b>		<b>30. Country</b>	
<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
		<b>81. Name</b> CAROL HENDERSON	
		<b>82. Street Address (P.O. Box Number is Not Acceptable)</b> 1916 CRESCENT LAKE DR N	
		<b>83.</b>	
		<b>84. City</b> ST. PETERSBURG <b>FL</b> <b>85. Zip Code</b> 33704	
<b>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.</b>			
<b>SIGNATURE</b> Carol Henderson		<b>CAROL HENDERSON PRESIDENT 7-29-98</b>	
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> PRESIDENT <input type="checkbox"/> DELETE		<b>1.1 TITLE</b> P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>NAME</b> CAROL HENDERSON		<b>1.2 NAME</b> CAROL HENDERSON P/D	
<b>STREET ADDRESS</b> 1916 CRESCENT LAKE DR. N		<b>1.3 STREET ADDRESS</b> 1916 CRESCENT LAKE DR. N.	
<b>CITY - ST - ZIP</b> ST. PETERSBURG FL 33704		<b>1.4 CITY - ST - ZIP</b> ST. PETERSBURG, FL 33704	
<b>TITLE</b> NICE PRESIDENT <input type="checkbox"/> DELETE		<b>2.1 TITLE</b> V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> JAMES BRENNAN		<b>2.2 NAME</b> JAMES BRENNAN V/D	
<b>STREET ADDRESS</b> 22 AVENUE N.		<b>2.3 STREET ADDRESS</b> 772-22 AVE. N.	
<b>CITY - ST - ZIP</b> ST. PETERSBURG FL 33704		<b>2.4 CITY - ST - ZIP</b> ST. PETERSBURG FL 33704	
<b>TITLE</b> SECRETARY <input type="checkbox"/> DELETE		<b>3.1 TITLE</b> S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>NAME</b> LISA HENDERSON		<b>3.2 NAME</b> LISA HENDERSON S/D	
<b>STREET ADDRESS</b> 1300 8TH STREET N		<b>3.3 STREET ADDRESS</b> 1300 8 ST. N.	
<b>CITY - ST - ZIP</b> ST. PETERSBURG FL 33701		<b>3.4 CITY - ST - ZIP</b> ST. PETERSBURG FL 33701	
<b>TITLE</b> TREASURER <input type="checkbox"/> DELETE		<b>4.1 TITLE</b> T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>NAME</b> MARK MOORE		<b>4.2 NAME</b> MARK MOORE T/D	
<b>STREET ADDRESS</b> CRESCENT LAKE DR. N.		<b>4.3 STREET ADDRESS</b> 2130 CRESCENT LAKE DR. N.	
<b>CITY - ST - ZIP</b> ST. PETERSBURG FL 33704		<b>4.4 CITY - ST - ZIP</b> ST. PETERSBURG FL 33701	
<b>TITLE</b> <input type="checkbox"/> DELETE		<b>5.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> DELETE		<b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	
<b>14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.</b>			
<b>SIGNATURE:</b> Carol Henderson		<b>7-29-98 813 821-2917</b>	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Date Daytime Phone #</b>	

CR2E037 (10/97)