

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36327

1. Entity Name

CRESCENT LAKE NEIGHBORHOOD ASSOCIATION, INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90007 004 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 76065
ST. PETERSBURG FL 33734
US

P.O. BOX 76065
ST. PETERSBURG FL 33734-6065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3012189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDERSON, CAROL
1916 CRESCENT LAKE DR. N.
ST PETERSBURG FL 33704

Name **CLIFFORD HOLENSWORTH**

Street Address (P.O. Box Number Is Not Acceptable)

747 13 AVE. N.

City **ST. PETERSBURG**

FL

Zip Code **33704#1**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	HENDERSON, CAROL	
STREET ADDRESS	1916 CRESCENT LAKE DR. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	V/D	<input checked="" type="checkbox"/> Delete
NAME	CLARKE, HILARY	
STREET ADDRESS	727 13 AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	HENDERSON, LISA	
STREET ADDRESS	1300 8 ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, MARK	
STREET ADDRESS	2130 CRESCENT LAKE DR. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	EX-OFFICIO-DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT-DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLIFFORD HOLENSWORTH	
STREET ADDRESS	747 13 AVE N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33704#1	
TITLE	TREASURER-DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANNETTE WILSON	
STREET ADDRESS	1601 8th ST. N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JEANNETTE WILSON 1/28/00 (727) 519-5424

CR2E037 (9/99)