

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N36327**

1. Entity Name

**CRESCENT LAKE NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

HOLENSWORTH, CLIFFORD  
747 13 AVE N  
ST PETERSBURG FL 33704

Name

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

City

FL

Zip Code

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **HENDERSON, CAROL**  
STREET ADDRESS **1916 CRESCENT LAKE DR. N.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33704**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PD** ☐ Delete  
NAME **HOLENSWORTH, CLIFFORD**  
STREET ADDRESS **747 13 AVE N**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **S/D** ☐ Delete  
NAME **HENDERSON, LISA**  
STREET ADDRESS **1300 8 ST. N.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **TD** ☐ Delete  
NAME **WILSON, JEANNETTE**  
STREET ADDRESS **1601 8ST N**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90046 009 \*\*\*\*61.25

C0013192



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)