

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90013 013 ****61.25

DOCUMENT # N37450 1. Entity Name CRESCENT WEST SUBDIVISION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 10676 LAKE HILL DRIVE CLERMONT, FL 34711 US			Mailing Address 10676 LAKE HILL DRIVE CLERMONT, FL 34711 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 4004 Edgewater Dr. Suite, Apt. #, etc.			
City & State Zip		City & State Orlando Zip 32804		4. FEI Number 65-0181351	
Country		Country		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	
Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code				Name ASSET REAL ESTATE INC 516 N. RIVERA 4004 Edgewater Drive Orlando FL 32804	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Mary Rivera</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAHR, DENNIS 10676 LAKE HILL DR CLERMONT, FL 34711	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Kreiling, Whitney 10725 Lake Hill Dr. CLERMONT FL 34711	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FALGOUT, CORBETT 10677 LAKE HILL DR CLERMONT, FL 34711	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Hinn, Garry 10603 Lake Hill Dr CLERMONT FL 34711	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ESTES, TOM R 10502 LAKE HILL DR CLERMONT, FL 34711	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Estes, Tom 10502 Lake Hill Dr. CLERMONT FL 34711	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWD, MARIE 10585 LAKE HILL DR CLERMONT, FL 34711	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Roach, William 10505 Lake Hill Dr. CLERMONT FL 34711	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, TERRY 10610 LAKE HILL DR CLERMONT, FL 34711	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Kronberg, Jim 10721 Lake H. 11 Dr. CLERMONT FL 34711	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Tom Estes</u> <u>Tom Estes</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>4/11/2007</u> Daytime Phone # <u>407 299-4009</u>	