


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2006 08:00 AM  
Secretary of State

DOCUMENT # N44139	
1. Entity Name CREWSVILLE DRAINAGE ASSOCIATION, INC.	

Principal Place of Business 220 SOUTH COMMERCE AVE SEBRING, FL 33870	Mailing Address P.O. BOX 3346 SEBRING, FL 33871
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01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0415372	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  DOUBERLEY, R. WAYNE 220 S COMMERCE AVE. SEBRING, FL 33870
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DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAHN, MARVIN 220 S COMMERCE AVE. SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOUBERLEY, R. WAYNE 220 S COMMERCE AVE. SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKINLEY, MALCOLM R. 211 S. LAKE STARR BLVD. LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MYERS, INDIA K 220 S COMMERCE AVE. SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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:  1/18/06 863-385-6136  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #