

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44139

FILED
Apr 29, 2009
Secretary of State

Entity Name: CREWSVILLE DRAINAGE ASSOCIATION, INC.

Current Principal Place of Business:

220 SOUTH COMMERCE AVE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3346
SEBRING, FL 33871

New Mailing Address:

FEI Number: 65-0415372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUBERLEY, R. WAYNE
220 S COMMERCE AVE.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

KAHN, MARVIN D
220 S COMMERCE AVE.
SEBRING, FL 33870 US

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: MARVIN D KAHN

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAHN, MARVIN
Address: 220 S COMMERCE AVE.
City-St-Zip: SEBRING, FL 33870

Title: VD () Delete
Name: DOUBERLEY, R. WAYNE
Address: 220 S COMMERCE AVE.
City-St-Zip: SEBRING, FL 33870

Title: SD () Delete
Name: MCKINLEY, MALCOLM R.
Address: 211 S. LAKE STARR BLVD.
City-St-Zip: LAKE WALES, FL

Title: T () Delete
Name: MYERS, INDIA K
Address: 220 S COMMERCE AVE.
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KAHN, MARVIN D
Address: 220 S COMMERCE AVE.
City-St-Zip: SEBRING, FL 33870

Title: VD (X) Change () Addition
Name: EMERSON, GLENN
Address: 220 S COMMERCE AVE.
City-St-Zip: SEBRING, FL 33870

Title: SD (X) Change () Addition
Name: BROWN, DONNA
Address: 220 S COMMERCE AVE.
City-St-Zip: SEBRING, FL 33870

Title: T (X) Change () Addition
Name: MASON III, PERRY
Address: 220 S COMMERCE AVE.
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN D KAHN

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date