2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME

Feb 28, 2008 8:00 am DOCUMENT # N9400000113 **Secretary of State** 1. Entity Name 02-28-2008 90013 009 ****61.25 CREWS LAKE HILLS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 6671 LAKELAND FL 33807 P.O. BOX 6671 LAKELAND FL 33807 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Warnsley Dennis KRAUSE, KENNETH E SR Street Address (P.O. Box Number is Not Acceptable) 6550 CREWS LAKE HILLS LOOP E. LAKELAND FL 33813 2503 Crews Lake Hills LopN. 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. 2/17/2008 SIGNATURE (NOTE: Registered Againt signabure required when reinstance) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delate TITLE TITLE ☐ Change Addition Richaro Rexicad KRAUSE, KENNETH E SR NAME NAME 2410 Jema Lane 6550 CREWS LAKE HILLS LOOP E. STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 LakelAnd, FL 33813 CITY - ST - ZIP CITY-ST-ZiP SD Delete TITLE ☐ Change ☐ Addition TITLE MAYS, PHILLIP R NAME NAME 2535 CREWS LAKE HILLS LOOP NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE WAMSLEY, DENNIS NAME NAME 2503 CREWS LAKE HILLS LOOP N. STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZiP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TILE ☐ Change ☐ Addition TITLE NAME NAME STREET AUDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change THUE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

(Dennis Wansley) 2/17/08 248-762-2288

FILED