

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N94000002868**

1. Entity Name  
**CRESCENT DEVELOPMENT LOT OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**114 BARWICK LANE  
CRESCENT CITY, FL 32112 US**

Mailing Address  
**114 BARWICK LANE  
CRESCENT CITY, FL 32112 US**



01222007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3319789**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LENTILE, CAROLYN  
114 BARWICK LANE  
CRESCENT CITY, FL 32112**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000726042  
05/03/07-80046-015 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LENTIL, CAROLYN 114 BARWICK LANE CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMSTRONG, DON 104 JANET DR CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PIERCE, RUSSELL 105 JANET DR CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:**

*Carolyn Lentile*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/07*  
Date

*386-649-0898*  
Daytime Phone #