

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2008 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**



03092008 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

Carolyn Lentile

4/16/08

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000911365
05/07/08-80037-021 61.25

10. OFFICERS AND DIRECTORS

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

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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* **CAROLYN LENTILE** *4/16/08* **386-649-0898**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #