2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000002936

1. Entity Name
CRIMSON ON THE GULF CONDOMINIUM ASSOCIATION, INC.

FILED

2007 JUL -9 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/01/07 90038 032 $61.25

Principal Place of Business	Mailing Address
13030 GULF BLVD. MADEIRA BEACH, FL 33708	13030 GULF BLVD. MADEIRA BEACH, FL 33708

2. Principal Place of Business - No P.O. Box #
12935 GULF BLVD.

3. Mailing Address C/O C.M.Co 4175 EAST BAY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc. SUITE 205

City & State MADEIRA BEACH, FL

City & State CLEARWATER, FL

04302007   Chg-NP   CR2E037 (12/06)

Zip 33708 Country PINELLAS

Zip 33764 Country PINELLAS

4. FEI Number 59-3256730

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

COMMUNITY MANAGEMENT CONCEPTS INC
4175 EAST BEY DRIVE
STE 205
CLEARWATER, FL 33764

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City   FL   Zip Code

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	**Make check payable to Florida Department of State**

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	CHIODO, GLORIA		NAME			
STREET ADDRESS	7358 WINBERT DRIVE		STREET ADDRESS			
CITY-ST-ZIP	NORTH TONAWANDA, NY 14120		CITY-ST-ZIP			
TITLE	PD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	HELLER, GARY		NAME			
STREET ADDRESS	1550 FURMAN DR.		STREET ADDRESS			
CITY-ST-ZIP	VANDALIA, OH 45377		CITY-ST-ZIP			
TITLE	D	☑ Delete	TITLE	D] Steve Arnold P.O. Box 808 Portland IN 47371	☑ Change	☐ Addition
NAME	DIX, NICHOLAS		NAME			
STREET ADDRESS	4117 COURY LN		STREET ADDRESS			
CITY-ST-ZIP	DAYTON, OH 45424		CITY-ST-ZIP			
TITLE	D	☑ Delete	TITLE	D] Nicholas Dix 4117 Coury Lane Dayton, OH 45424	☑ Change	☐ Addition
NAME	ROBINSON, DOUG		NAME			
STREET ADDRESS	919 PINE VALLEY CT		STREET ADDRESS			
CITY-ST-ZIP	BRIDGEWORTH ONTARIO, CANADA,		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ 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 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.

937—

SIGNATURE: Gary Heller President Gary Heller   July 5, 2006   275-7434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #