

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90030 037 ****61.25

DOCUMENT # N94000002936 1. Entity Name CRIMSON ON THE GULF CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12935 GULF BLVD. MADEIRA BEACH, FL 33708			Mailing Address C/O C.M.C. 4175 EAST BAY DR, SUITE 205 CLEARWATER, FL 33764		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3256730 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COMMUNITY MANAGEMENT CONCEPTS INC 4175 EAST BAY DRIVE STE 205 CLEARWATER, FL 33764			No St BLISS, KIRK C/O CMC, INC 4175 East Bay Dr., Ste 205 Ci Clearwater, FL 33764 <div style="float: right;"> Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Kirk Bliss</i></u> 4/1/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHIODO, GLORIA		NAME		
STREET ADDRESS	7358 WINBERT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NORTH TONAWANDA, NY 14120		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELLER, GARY		NAME		
STREET ADDRESS	1550 FURMAN DR.		STREET ADDRESS		
CITY-ST-ZIP	VANDALIA, OH 45377		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARNOLD, STEVE		NAME		
STREET ADDRESS	P.O.BOX 808		STREET ADDRESS		
CITY-ST-ZIP	PORTLAND, IN 47371		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIX, NICHOLAS		NAME		
STREET ADDRESS	5228 CORY LANE		STREET ADDRESS		
CITY-ST-ZIP	DAYTON, OH 45424		CITY-ST-ZIP	DAYTON, OH	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Doug Robinson		NAME	DOUG ROBINSON	
STREET ADDRESS	919 Pine Valley Court		STREET ADDRESS	919 PINE VALLEY COURT	
CITY-ST-ZIP	Bridgenorth, Ontario Canada		CITY-ST-ZIP	BRIDGE NORTH, ONT., CANADA	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <u><i>[Signature]</i></u> 3/14/08 937-275-7434 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					