

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002936

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** CRIMSON ON THE GULF CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12935 GULF BLVD.  
MADEIRA BEACH, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

C/O C.M.C.  
4175 EAST BAY DR, SUITE 205  
CLEARWATER, FL 33764

**New Mailing Address:**

4585 140TH AVE NORTH  
SUITE 1012  
CLEARWATER, FL 33762

**FEI Number:** 59-3256730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT CONCEPTS, INC.  
4585 140TH AVE. NORTH SUITE 1012  
CLEARWATER, FL 33762 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: CHIODO, GLORIA  
Address: 7358 WINBERT DRIVE  
City-St-Zip: NORTH TONAWANDA, NY 14120

Title: PD ( ) Delete  
Name: HELLER, GARY  
Address: 1550 FURMAN DR.  
City-St-Zip: VANDALIA, OH 45377

Title: D ( ) Delete  
Name: DIX, NICHOLAS  
Address: 5228 COURY LANE  
City-St-Zip: DAYTON, OH 45424

Title: D ( ) Delete  
Name: ROBINSON, DOUG  
Address: 919 PINE VALLEY COURT  
City-St-Zip: BRIDGENORTH, ONTORIO CANADA,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY HELLER

P

04/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date