


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90079 017 ****61.25

DOCUMENT # N94000004284	
1. Entity Name CRESCENT LAKES AT BOCA RATON HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business C/O CMC MANAGEMENT INC. 2994 JOG ROAD, SUITE B GREENACRES, FL-33467 US	Mailing Address C/O CMC MANAGEMENT INC. 2994 JOG ROAD, SUITE B GREENACRES, FL 33467 US
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2. Principal Place of Business - No P.O. Box # C/O CAS MANAGEMENT	3. Mailing Address SAME
Suite, Apt. #, etc. 951 BROKEN SOUND PKWY	Suite, Apt. #, etc. SAME
City & State BOCA RATON FL 33487	City & State BOCA RATON FL 33487
Zip 33487	Country FLORIDA

6. Name and Address of Current Registered Agent GERRISH, SCOT A. C/O CMC MANAGEMENT, INC. 2994 JOG ROAD, SUITE B GREENACRES, FL 33467	
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7. Name and Address of New Registered Agent Name IVY MONTERO Street Address (P.O. Box Number is Not Acceptable) C/O CAS 951 BROKEN SOUND PKWY STA 250 City BOCA RATON FL Zip Code 33487	
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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.	
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Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FISCHER, RICHARD 22850 BARRISTER DRIVE BOCA RATON, FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VACCA, TONY 22858 STERLING LAKES DR BOCA RATON, FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROMBERG, JANET 8730 THAMES RIVER DR BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURBANK, AL 22833 BARRISTER DRIVE BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAFFNER, ROBERT 8751 CHANNELL TERR BOCA RATON, FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALCOLM, KASS 8868 THAMES RIVER DR BOCA RATON, FL 33433 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEANNA WOLFSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8874 THAMES RIVER DR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: 	2/2/07 5619941788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

40013000



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4. FEI Number 65-0561537	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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