2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# N94000004954

Entity Name: CRESCENT COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

12671 WHITEHALL DR
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

12671 WHITEHALL DR
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0548948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHIPHORST, SAM
14886 CRESCENT COVE DRIVE
FORT MYERS, FL 33908 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: D ( ) Delete
Name: RUTENBERG, WERNER
Address: 14878 CRESCENT COVE DR
City-St-Zip: FORT MYERS, FL 33908

Title: PTD ( ) Delete
Name: SCHIPHORST, SAM
Address: 14886 CRESCENT COVE DR
City-St-Zip: FORT MYERS, FL 33908

Title: VPD ( ) Delete
Name: FISCHETTE, JIM
Address: 14874 CRESCENT COVE DRIVE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: MARTIN, DAVID
Address: 14890 CRESCENT COVE DR
City-St-Zip: FORT MYERS, FL 33908

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: JINM FISCHETTE VP 05/02/2008

Electronic Signature of Signing Officer or Director — Date