2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N95000005372

RT FILED Oct 16, 2008 Secretary of State

Entity Name: CRESTWOOD GLEN COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 US				DAVENPORT PROF PROP MGMT 6620 LAKE WORTH RD STE F LAKE WORTH, FL 33467 US		
Current Mailing Address:				New Mailing Address:		
3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 US				DAVENPORT PROF PROP MGMT 6620 LAKE WORTH RD STE F LAKE WORTH, FL 33467 US		
El Number:	65-0729137	FEI Number Applied For ()	FEI Nun	nber Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
NEWSOME, JOHN 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 US				RANDALL ROGER & ASSOC PA 621 NW 53 ST STE 300 BOCA RATON, FL 33487 US		
	named entity s e of Florida.	ubmits this statement for the pu	ırpose o	f changing its regis	stered office or registered agent, or both,	
SIGNATUF	RE: RANDALL	. ROGER			10/16/2008	
	Electroni	ic Signature of Registered Ager	nt		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Fitle: Name: Address: City-St-Zip:	DOWLING, BRIA 103 CHESTNUT			Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	BOWLING, DAV 111 SYCAMORE			Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	DUPERE, WILLI 130 NOTTINGHA			Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	MCBROOM, DAI 103 CHESTNUT			Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	DELLA, I 102 CHESTNUT	Delete CIRCLE EACH, FL 33411		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	DALMAN, JOHN 117 SYCAMORE			Title: Name: Address: City-St-Zip:	() Change () Addition	

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: DAVID BOWLING P 10/16/2008