



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90047 046 \*\*\*\*61.25

<b>DOCUMENT # N96000006294</b> 1. Entity Name <b>CRESCENT HILLS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>629 CRESCENT HILLS PLACE LAKELAND, FL 33813</b>			Mailing Address <b>P OB QX 7613 LAKELAND, FL 33807-7613</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		02092005    Chg-NP    CR2E037 (10/03)	
Zip                      Country		Zip                      Country		4. FEI Number <b>59-3426053</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TYRE, JUNE 627 CRESCENT HILLS PLACE LAKELAND, FL 33813</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing). DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDVP</b> <b>TYRE, JUNE</b> <b>627 CRESCENT HILLS PL</b> <b>LAKELAND, FL 33813</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>Tyre, June</b> <b>627 Crescent Hills Place</b> <b>Lakeland FL 33813</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHULER, CAROLINE</b> <b>650 CRESCENT HILLS DR</b> <b>LAKELAND, FL 33813</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> <b>Schuler, Richard</b> <b>650 Crescent Hills Place</b> <b>Lakeland FL 33813</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WOLVERTON, WALTER</b> <b>645 CRESCENT HILLS DR</b> <b>LAKELAND, FL 33813</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>REED, ROGER</b> <b>617 CRESCENT HILLS PLACE</b> <b>LAKELAND, FL 33813</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>English, Linda</b> <b>624 Crescent Hills Place</b> <b>Lakeland FL 33813</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WATTS, SONYA</b> <b>705 CRESCENT HILLS DR.</b> <b>LAKELAND, FL 33813</b> <input type="checkbox"/> Delete		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"/> Delete		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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Linda P. English</i> <i>Linda P. English</i> <b>3/27/2005</b> <b>863-709-0071</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					