

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000005041

1. Entity Name

CRESCENT PARK OWNER'S ASSOCIATION, INC.



Principal Place of Business

**2901 CRESENT DR.
SUITE 201
TALLAHASSEE, FL 32301 US**

Mailing Address

**2901 CRESENT DR.
SUITE 201
TALLAHASSEE, FL 32301 US**



04122004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3474825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BIRTH, JOHN R
2901 CRESENT DR.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000111507
04/13/04-80021-007 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
FERRELL, CARL SR.
2543 INDUSTRIAL PLAZA DR.
TALLAHASSEE, FL 32308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BLYTH, JOHN
2901 CRESENT DR.
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SDT
WOLFRAM, RICHARD
2901 CRESENT DR.
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 850-878-4585
Date Daytime Phone #