

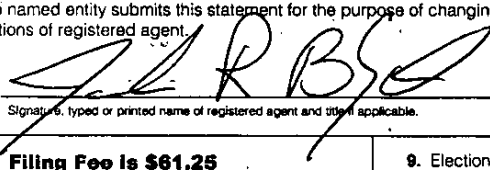
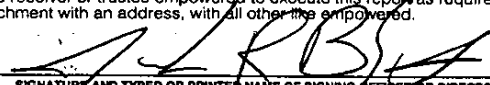


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90054 007 ****61.25

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		
2. Principal Place of Business 2901 CRESENT DR		3. Mailing Address 2901 CRESENT DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302005 Chg-NP CR2E037 (10/03)	
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL		4. FEI Number 59-3474825	
Zip 32301		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BIRTH, JOHN R 2901 CRESENT DR. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name JOHN R BLYTH Street Address (P.O. Box Number is Not Acceptable) 2901 CRESENT DR City TALLAHASSEE FL Zip Code 32301		
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 			DATE 3/30/05		
Filing Fee is \$61.25 Due by May 1, 2005			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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 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	<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	
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	
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 the empowered.					
SIGNATURE: 			DATE 3/30/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 850-878-4585		