

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

03-13-2003 90092 003 ****61.25

DOCUMENT # N97000005041



1. Entity Name
CRESCENT PARK OWNER'S ASSOCIATION, INC.

Principal Place of Business
**3303 THOMASVILLE ROAD
SUITE 201
TALLAHASSEE FL 32312
US**

Mailing Address
**3303 THOMASVILLE ROAD
SUITE 201
TALLAHASSEE FL 32312
US**

2. Principal Place of Business
2901 CRESCENT DR
Suite, Apt. #, etc.

3. Mailing Address
2901 CRESCENT DR
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

4. FEI Number **59-3474825**

Applied For
☐ Not Applicable

Zip
32301

Country
US

Zip
32301

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAWS, SONYA K
318 NORTH MONROE STREET
TALLAHASSEE FL 32302**

Name **JOHN R BLYTH**

Street Address (P.O. Box Number is Not Acceptable)

2901 CRESCENT 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **STD** ☒ Delete
NAME **VIRGINIA GLASS**
STREET ADDRESS **3303 THOMASVILLE ROAD, SUITE 201**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Change ☒ Addition
NAME **RICHARD WOLFRAM**
STREET ADDRESS **2901 CRESCENT DR**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

3/12/2003

850-878-4585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)