
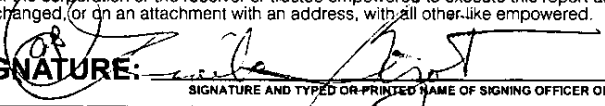


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90007 042 ****61.25

DOCUMENT # N98000001765 1. Entity Name THE CRESCENT AT MIRAMAR BEACH CONODOMINIUM OWNERS ASSOCIATION, INC.					
Principal Place of Business 50 MONACO ST DESTIN, FL 32541			Mailing Address 50 MONACO ST DESTIN, FL 32541		
Principal Place of Business - No P.O. Box #		3. Mailing Address 8955 Highway 98 West			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 102			
City & State		City & State Miramar Beach, FL		4. FEI Number 59-3511444	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32550		Country US		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NEWMAN, RAY BECKER AND POLIAKOFF 3111 STIRLING ROAD FORT LAUDERDALE, FL 33310-9057				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	P BIZOT, EMILE <input type="checkbox"/> Delete 384 WEST CHERRY LANE MEMPHIS, TN 38117		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS ANDREANA, DOMINICK <input type="checkbox"/> Delete 9500 GOTTEN WAY GERMANTOWN, TN 38139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9907 Laurel Knoll Lane Germantown, TN 38139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRANSCUM, STEVE <input type="checkbox"/> Delete P.O. BOX 559 RUSSELL SPRINGS, KY 42642		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HIGHFIELD, ALVIN <input type="checkbox"/> Delete 210 CHOCTAW RD. LOUISVILLE, KY 40207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7904 Bent Pine Court Prospect, KY 40059	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSS ED WOOD, JAMES <input type="checkbox"/> Delete 1214 BUCKHEAD CIRCLE BIRMINGHAM, AL 35216		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 exemptions contained 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 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					