


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90034 050 \*\*\*\*61.25

<b>DOCUMENT # N98000001765</b>	
1. Entity Name <b>THE CRESCENT AT MIRAMAR BEACH CONODOMINIUM OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>50 MONACO ST DESTIN, FL 32541</b>	Mailing Address <b>8955 HIGHWAY 98 WEST SUITE 102 MIRAMAR BEACH, FL 32550</b>
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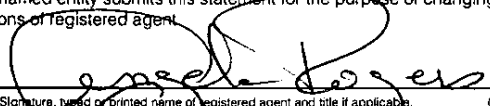
2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>546 Mary Esther Cut-off</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite 3</b>
City & State	City & State <b>Ft. Walton Beach, FL</b>
Zip	Zip <b>32548</b>
Country	Country <b>USA</b>



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-3511444</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>NEWMAN, RAY BECKER AND POLIAKOFF 3111 STIRLING ROAD FORT LAUDERDALE, FL 33310-9057</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.

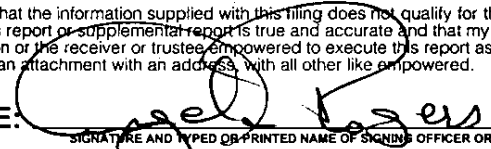
SIGNATURE  DATE **3/27/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIZOT, EMILE 384 WEST CHERRY LANE MEMPHIS, TN 38117 <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	DTS ANDREANA, DOMINICK 9907 LAUREL KNOLL LANE GERMANTOWN, FL 33139 <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	VP BRANSCUM, STEVE P.O. BOX 559 RUSSELL SPRINGS, KY 42642 <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	DS HIGHFIELD, ALVIN 7904 BENT PINE COURT PROSPECT, KY 40059 <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	DSS ED WOOD, JAMES 1214 BUCKHEAD CIRCLE BIRMINGHAM, AL 35216 <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 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:  DATE **3/31/08** Daytime Phone # **850-654-9111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR