2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003417

FILED Mar 30, 2004 Secretary of State

Entity Name: THE CRESCENT OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O TOWERMARC REALTY C/O TOWERMARC REALTY 260 FRANKLIN ST.STE 1840 225 FRANKLIN ST.STE 2609 BOSTON, MA 02110 BOSTON, MA 02110 **Current Mailing Address:** New Mailing Address: C/O TOWERMARC REALTY C/O TOWERMARC REALTY 260 FRANKLIN ST.STE 1840 225 FRANKLIN ST.STE 2609 BOSTON, MA 02110 BOSTON, MA 02110 FEI Number: 58-2432299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: INTRASTATE REGISTERED AGENT CORPORATION 601 BRICKELL AVE, SUITE 3000 MIAMI, FL 33131 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ROSS, D SCOTT Name: Name: 260 FRANKLIN ST Address: Address: City-St-Zip: BOSTON, MA 02110 City-St-Zip: Title: VD () Delete Title: () Change () Addition VINTIADIS, POLYVIOS Name: Name: Address: 2 SOUND VIEW DR Address: City-St-Zip: GREENWICH, CT 06831 City-St-Zip: Title: STD () Delete Title: () Change () Addition NOWAK, PETER Name: Name: Address: 260 FRANKLIN ST Address: City-St-Zip: BOSTON, MA 02110 City-St-Zip: Title: () Delete Title: () Change () Addition DOLENCE, GREG Name: Name: 300 NORTH COMMONS BLVD Address: Address: City-St-Zip: MAYFIELD VILLAGE, OH 44143 City-St-Zip: Title: Title: (X) Delete () Change () Addition SPENCER, NICOLE Name: Name: 260 FRANKLIN ST, STE 1840 Address: Address: BOSTON, MA 02110 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. SCOTT ROSS	PD	03/30/2004
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