2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000003417

1. Entity Name

THE CRESCENT OWNERS ASSOCIATION, INC.



FILED Jan 24, 2008 08:00 AN Secretary of State

Principal Place of Business

SIGNATURE:

C/O FIRST INDUSTRIAL 5313 JOHNS ROAD, SUITE 201 TAMPA, FL 33634 Mailing Address

C/O FIRST INDUSTRIAL 5313 JOHNS ROAD, SUITE 201 TAMPA, FL 33634



01082008 No Chg-NP

CR2E037 (4/06)

4,	FEI Number
	58-2432299

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION 601 BRICKELL AVE, SUITE 3000 MIAMI, FL 33131

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		IN I HIS SPACE	1.
	named entity submits this statement for the purpose of changing its registeretions of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept	ıŧ
SIGNATURE	Signature, typed or printed name of registered agont and tille if applicable. (NOTE: Registered	Agent signature required when reinstating) DATE	;
zs in mil	Filing Fee is \$61.25 9. Election Campaign Finance Trust Fund Contribution.	cing 7,\$5.00 May Bé	;
10.	OFFICERS AND DIRECTORS		٠.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRUEGER, ROBERT 5313 JOHNS ROAD, SUITE 201 TAMPA, FL 33634		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCGRATH, KEVIN 5920 LANDERBROOK DRIVE MAYFIELD HTS, OH 44124	U00000795885 01/29/08-80010-007 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CALLAHAN, DEE 5313 JOHNS ROAD, SUITE 201 TAMPA, FL 33634	DO NOT WRITE	ا.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLENCE, GREG 300 NORTH COMMONS BLVD MAYFIELD VILLAGE, OH 44143	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOPKA, JAMES 5313 JOHNS ROAD, SUITE 201 TAMPA, FL 33634		
TITLE NAME STREET ADDRESS CRY-ST-ZIP	SAME DANGERAL AS		

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 an object of the relief of the receiver of the composition of the receiver or trustee empowered.