

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003417

FILED
Apr 06, 2009
Secretary of State

Entity Name: THE CRESCENT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 58-2432299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: KRUEGER, ROBERT
Address: 5313 JOHNS ROAD, SUITE 201
City-St-Zip: TAMPA, FL 33634

Title: VD () Delete
Name: MCGRATH, KEVIN
Address: 5920 LANDERBROOK DRIVE
City-St-Zip: MAYFIELD HTS, OH 44124

Title: STD () Delete
Name: CALLAHAN, DEE
Address: 5313 JOHNS ROAD, SUITE 201
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: DOLENCE, GREG
Address: 300 NORTH COMMONS BLVD
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: D () Delete
Name: KNOPKA, JAMES
Address: 5313 JOHNS ROAD, SUITE 201
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAWONN, CYNTHIA K
Address: 5313 JOHNS ROAD, SUITE 201
City-St-Zip: TAMPA, FL 33634

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CYNTHIA K. LAWONN

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date