

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000003727**

1. Entity Name

NEWBERRY CREST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4410-B NEWBERRY ROAD  
GAINESVILLE FL 32607

Mailing Address

4410-B NEWBERRY ROAD  
GAINESVILLE FL 32607

2. Principal Place of Business

3. Mailing Address

*same*



1st MOORE

CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORSEMAN, MICHAEL  
4410-B NEWBERRY ROAD  
GAINESVILLE FL 32601

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$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	PD	<input type="checkbox"/> Delete
NAME	HORSEMAN, MICHAEL	
STREET ADDRESS	4410-B NEWBERRY ROAD	
CITY- ST- ZIP	GAINESVILLE FL 32607	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PENNINGTON, ROGER	
STREET ADDRESS	4410-A5 NEWBERRY ROAD	
CITY- ST- ZIP	GAINESVILLE FL 32607	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEPUCK, RENE	
STREET ADDRESS	4410-B NEWBERRY RD	
CITY- ST- ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

000000219306  
02/08/05-80024-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Michael Horseman* Michael Horseman

2-1-05

352-372-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #