

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90050 050 \*\*\*\*70.00

<b>DOCUMENT # N99000000851</b>					
<b>1. Entity Name</b> CREST RIDGE GARDENS COMMUNITY CLUB, INC.					
<b>Principal Place of Business</b> 4806-08 PHOENIX AVE. HOLIDAY, FL 34690			<b>Mailing Address</b> 4806-08 PHOENIX AVE. HOLIDAY, FL 34690		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01062008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 59-3177083				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CASON, JEAN A 4810 GUARDIAN AVE. HOLIDAY, FL 34690			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> D <b>NAME</b> HARTMAN, FAYE <b>STREET ADDRESS</b> 4803 MIRAGE AVE <b>CITY-ST-ZIP</b> HOLIDAY, FL 34690	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> SD <b>NAME</b> BARTER, LORRAINE <b>STREET ADDRESS</b> 1523 EXCALIBUR ST. <b>CITY-ST-ZIP</b> HOLIDAY, FL 34690	<input type="checkbox"/> Delete				
<b>TITLE</b> TD <b>NAME</b> CARON, EVELYN <b>STREET ADDRESS</b> 4940 PHOENIX AVE. <b>CITY-ST-ZIP</b> HOLIDAY, FL 34690	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> PD <b>NAME</b> CASON, JEAN A <b>STREET ADDRESS</b> 4810 GUARDIAN AVE. <b>CITY-ST-ZIP</b> HOLIDAY, FL 34690	<input type="checkbox"/> Delete				
<b>TITLE</b> IVPD <b>NAME</b> HORTON, AUDREY <b>STREET ADDRESS</b> 4814 GASLIGHT AVE. <b>CITY-ST-ZIP</b> HOLIDAY, FL 34690	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> SESSA, Michael <b>STREET ADDRESS</b> 1522 TOLEDO ST. <b>CITY-ST-ZIP</b> HOLIDAY FL 34690	<input checked="" type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> 2ND VICE PRESIDENT <b>NAME</b> FARRAR, FRANCES <b>STREET ADDRESS</b> 4902 GUARDIAN AVE <b>CITY-ST-ZIP</b> HOLIDAY FL 34690	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> ZEH, JANET <b>STREET ADDRESS</b> 5019 COLONNADE AVE <b>CITY-ST-ZIP</b> HOLIDAY FL 34690	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> TD <b>NAME</b> EMANUEL, EVELYN <b>STREET ADDRESS</b> 4940 PHOENIX AVE <b>CITY-ST-ZIP</b> HOLIDAY, FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Jeane A. Cason</u> 1/10/08    727 938 3503					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					