

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000851

FILED
Apr 22, 2009
Secretary of State

Entity Name: CREST RIDGE GARDENS COMMUNITY CLUB, INC.

Current Principal Place of Business:

4806-08 PHOENIX AVE.
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

4806-08 PHOENIX AVE.
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: 59-3177083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASON, JEAN A
4810 GUARDIAN AVE.
HOLIDAY, FL 34690 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: 2VP () Delete
Name: FARRAR, FRANCES
Address: 4902 GUARDIAN AVE
City-St-Zip: HOLIDAY, FL 34690

Title: SD () Delete
Name: BARTER, LORRAINE
Address: 1523 EXCALIBUR ST.
City-St-Zip: HOLIDAY, FL 34690

Title: TD () Delete
Name: EMANUEL, EVELYN
Address: 4940 PHOENIX AVE
City-St-Zip: HOLIDAY, FL 34690

Title: PD () Delete
Name: CASON, JEAN A
Address: 4810 GUARDIAN AVE.
City-St-Zip: HOLIDAY, FL 34690

Title: IVPD () Delete
Name: HORTON, AUDREY
Address: 4814 GASLIGHT AVE.
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: ZEH, JANET
Address: 3019 COLONNADE AVE
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 2VP (X) Change () Addition
Name: EMANUEL, RALPH
Address: 4940 PHOENIX AVE.
City-St-Zip: HOLIDAY, FL 34690

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

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

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

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

Title: D (X) Change () Addition
Name: RADIVOY, DOLORES
Address: 1315 LANDAU ST.
City-St-Zip: HOLIDAY, FL 34690

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: JEAN A. CASON

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date