
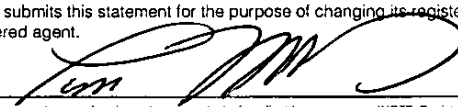
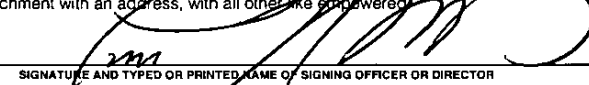


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90555 019 \*\*\*\*61.25

DOCUMENT # N99000001576			
1. Entity Name VILLAGE ON CRESCENT LAKE AT BRECKENRIDGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O PEGASUS 17595 S TAMiami #100 FORT MYERS, FL 33908		Mailing Address C/O PEGASUS 17595 S TAMiami #100 FORT MYERS, FL 33908	
2. Principal Place of Business C/O Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S. #215 City & State Naples, FL Zip 34104 Country Collier		3. Mailing Address C/O Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S. #215 City & State Naples, FL Zip 34104 Country Collier	
04142005		Chg-NP	CR2E037 (10/03)
4. FEI Number 65-1010152		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STINSON, BARBARA 17595 S TAMiami TRAIL #100 FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name Tom Nolte Street Address (P.O. Box Number is Not Acceptable) 4224-101 Pensacola Avenue City Estero FL Zip Code 33928	
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  DATE 4/29/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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 NAME STREET ADDRESS CITY - ST - ZIP	DP NOLTE, TOM 4224-101 PENSACOLA AVENUE ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ABBATTISTA, MARIO 4240 - 202 PENSACOLA AVENUE ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ROTH, CHARLES 4234-101 PENSACOLA AVENUE ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MANKIN, GRACE 4239 - 202 PENSACOLA AVENUE ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Shelley George 4237 Pensacola Avenue Estero, FL 33928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KONDOGAN, NICK 4232-201 PENSACOLA AVENUE ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Janky, Barbara 4241 Pensacola Avenue Estero, FL 33928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date 4/29/05 Daytime Phone # 239-949-0960	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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