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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthay

Secretary of State DIVISION OF CORPERATIONS

1998 DOCUMENT #

1, Corporation Name

P97000085868 (2)

CRESCENT MANAGEMENT COMPANY OF ST. AUGUSTINE, IN

Principal Place of Business Mailing Address 6970 A1A SOUTH 6970 A1A SOUTH ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086

FILED May 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/03/1997</u> 2a. Mailing Address 2. Principal Place of Business Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes Name and Address of Current Registered Agent Name and Address of New Registered Agent Name HAGLER, KENNETH D ESQ. 3 PALM ROW Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32084 83 City 84 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Kresident & Treasurer 1.1 TITLE Addition Change Kobert Anthony Burgess LATO AIA South NAME 1.2 NAME STREET ADORESS 1.3 STREET ADDRESS St. Augustine, FL 32086 VICE President & Secretary CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE TITLE 2.1 TITLE Change Addition ura Stacey Burgess NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP ■ DELETE TITLE Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADORESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CiTY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 annual report or supplemental annual 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 flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed proon an attaching with an adjress.

oce. Runess 4/14/CR (9N/1174-88