
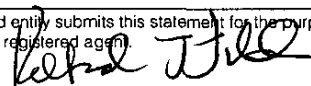


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90566 034 ***150.00

DOCUMENT # P98000013835					
1. Entity Name PICERNE CRESTMORE VILLAGE APARTMENTS ASSOCIATES, INC.					
Principal Place of Business 247 NORTH WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714			Mailing Address 247 NORTH WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3492280	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COSTOLO, W. TERRY 215 NORTH EOLA DR. ORLANDO, FL 32801			Name RICHARD J. FILDES		
			Street Address (P.O. Box Number is Not Acceptable)		
			215 N. EOLA DRIVE		
			City ORLANDO		FL Zip Code 32801
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: 			RICHARD J. FILDES		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DPT	PICERNE, ROBERT M <input checked="" type="checkbox"/> Delete		TITLE DPS	PICERNE, ROBERT M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 247 NORTH WESTMONTE DR.			NAME 247 N WESTMONTE DRIVE		
STREET ADDRESS ALTAMONTE SPRINGS, FL 32714			STREET ADDRESS ALTAMONTE SPRINGS, FL 32714		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE VP	WALKER, DWAYNE <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 247 N WESTMORE DRIVE			NAME		
STREET ADDRESS ALTAMONTE SPRINGS, FL 32714			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE VS	ERICH, JACK <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 247 N WESTMONTE DRIVE			NAME		
STREET ADDRESS ALTAMONTE SPRINGS, FL 32714			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME HEFLINGER, JAN C.		
STREET ADDRESS			STREET ADDRESS 247 N WESTMONTE DR.		
CITY-ST-ZIP			CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 607, 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: 			Jan Hefflinger		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
ROBERT M. PICERNE, PRESIDENT			4/26/05		
			Daytime Phone #		