

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006320

Entity Name: CRESCENT PALMS BEACH HOMEOWNERS, ASSOCIATION, INC.**FILED**
Feb 17, 2014
Secretary of State
CC4197686375**Current Principal Place of Business:**103 CRESCENT PALMS DR.
PORT ST JOE, FL 32456**Current Mailing Address:**PO BOX 213
PORT ST JOE, FL 32457**FEI Number: 04-3709997****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KNUTSEN, RICHARD M
103 CRESCENT PALMS DR.
PORT ST. JOE, FL 32456 US*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**Officer/Director Detail :**Title DP
Name KNUTSEN, RICHARD M
Address 620 GREEN VALLEY DR SE
City-State-Zip: SMYRNA GA 30082Title D
Name LUCA, ROGER
Address 1700 SUMMIT LAKE DR
City-State-Zip: TALLAHASSEE FL 32317Title D
Name HENRY, RICHARD
Address 3046 O'BRIEN DRIVE
City-State-Zip: TALLAHASSEE FL 32309Title SECRETARY
Name HENRY, CAROLYN
Address 3046 O'BRIEN DRIVE
City-State-Zip: TALLAHASSEE FL 32309Title TREASURER
Name SAVELLE, JEANNE Y
Address 620 GREEN VALLEY DR SE
City-State-Zip: SMYRNA GA 30082

I hereby 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 all other like empowered.

SIGNATURE: JEANNE Y SAVELLE**TREASURER****02/17/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date