FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 702204

(9)

CRESCENT TOWERS ASSOCIATION, INC.

CRESCENT TOWERS ASSOCIATION, INC.					
Principal Place	of Business	Mailing Address			
1035 SEASIDE DRIVE SARASOTA FL 34242		1035 SEASIDE DRIVE SARASOTA FL 34242			
				3. Date Incorporated or Qualified 03/28/1961	3a. Date of Last Report 04/20/1995
2. Principal Pla	ce of Business	2a. Mailing Address 26		4. FEI Number 56-1003781	Applied For Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	tangible tax under s. 199.032,
24	25	29	30	10. Name and Address of New Re	gistered Agent
1035 SE	9. Name and Address of Currer , DENNIS ASIDE DR ITA FL 34242	nt Hegistered Agent	83 B4 City	James A. Brickley — P ddress (P.O. Box Number is Not Acceptable .035 Seaside Drive	
or register familiar wit	ed agent, or both, in the State of Floring th, and accept the obligations of, Sec James A. Brickles Standure, typed or printed name of registered agent	ntion 617.0503, Florida Statu 7 - President It and title if applicable.	tutes, the above-named corporated by the corporation's blass. Sinas G Sudday MOTE: Registered Agent signature reco	poration submits this statement for the purpoper of directors. Thereby accept the appoper of directors and the purpoper of directors and directors. Thereby accept the appoper of directors and directors are directors. March 6, 19 ADDITIONS/CHANGES 10 OFFI	996
12.		ND DIRECTORS	13.		Change Addition
TITLE -	PO TO THE POPULATION OF THE PO	[Poeter		VPD	
NAME	O'SHEA, DENNIS		L (Shirley Pedro	
STREET ADDRESS	1035 SEASIDE DR		1.4 CITY-S1-ZIP	Box 2286 RR#2 Dushore, PA 18614	
CITY-ST-ZIP	SARASOTA, FL 00000	TOTOELETE		SD	☐ Change ☐ Addition
TITLE	SD DELL DE	<u>L</u> Jocette		Marilyn Schafstall	
NAME	MADDEN, D.T.			5851 Brainard Drive	
STREET ADDRESS	1035 SEASIDE DR.			Sylvania, OH 43560	
CITY-ST-ZIP TITLE	SARASOTA, FL 00000	□ Ø£LETE		TD	☑ Anange ☐ Addition
	ATKINSON, C. H.	_	3 2 NAME	Lois Kane	
NAME STREET ADDRESS	4179 OAKHURST CR. W.		3.3 STREET ADDRESS	2115 Sterling Glen Ct	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Sun City, FL 33573	
TITLE	0/11/10/01/11/2	DELETE	4.1 TITLE	D	Change Addition
NAME				Gary Peterson	l
STREET ADDRESS			4 O OTHER PRODUCOU	5404 Buchanan Drive	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Fort Pierce, FL 34982	
TITLE	-	DELETE	5.1 TITLE	Р р	
NAME			5.2 NAME	James A. Brickley	
STREET ADDRESS			53 STREET ADDRESS	1035 Seaside Drive	
CITY-S1-ZIP			54 CITY-ST-ZIP		Change Claddition
TITLE		DELETE	6.1 TITLE	Sarasota FL 34242	Change Addition
NAME			6.2 NAME	-03/27/96010	
STREET ADDRESS			6 3 STREET ADDRESS	***61.25	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
0.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			6.4 CITY - ST - 7IP	7·7·7·UI • CJ	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 44

STATUTE AND THEED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

March 6, 1996 ... 941-349.2100

CR2E037 (12/95)