FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Apr 10 1998 8:00am
Secretary of State

FILED

	MENT # 7022				
CRES	CENT TOWERS ASSOCIA	TION, INC.			
Principal Place of Business Mailing Address				4 HORINI TOOM SOLIN THOSE DIGHT ONLY OF STOLE STOLE OLDER OLDER STOLE STOLE STOLE STOLE STOLE STOLE STOLE STOLE	
1035 SEASIDE DRIVE 1035 SEASIDE DRIVE				3. Date Incorporated or Qualified	
SARASOTA FL 34242 SARASOTA FL		SARASOTA FL 34242		03/28/1961	
				4. FEI Number	Applied For
2. Principal	Place of Business	2a. Mailing Address		56-1003781	Not Applicable
21		26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Sulte, Apt	. #, etc.	Suite, Apt. #, etc.	-	6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & Sta	110	City & State		7. Is this nonprofit corporation a homeow	
Zip	Country	28 Zip	Country		□ No
24	25	J +	30	This corporation owes or has paid the Personal Property Tax due June 30.	Current year Intangible
	9. Name and Address of Cur			10. Name and Address of New Register	
			81 Name		
	.EY, JAMES A		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	EASIDE DR				
SARAS	OTA FL 34242		83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 617.6	0502 and 617.1508. Florida Statute	s the above-pamed co		
office or	registered agent, or both, in the St	ate of Florida. Such change was au	Jithorized by the corporation Statutes	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE		Sichler	ioa dialdica.	a /-	m 108
	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered Agent signature requ	ulred when reinstating) 6A1	0/70
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	VPD CHIDLEY	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	PEDRO, SHIRLEY BOX 2286 RR#2		1.2 NAME		
CITY-ST-ZIP	DUSHORE PA 18814		1.3 STREET ADDRESS 1.4 City-St-Zip		
tme	SD	☐ DELETE	2.1 TITLE		Change Addition
NAME	SCHAFSTALL, MARILYN		2.2 NAME		
STREET ADDRESS	5851 BRAINARD DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SYLVANIA OH 43580		2. 4 CITY-ST-ZIP	-	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KANE, LOIS		3.2 NAME		
STREET ADDRESS	2115 STERLING GLEN CT SUN CITY FL 33573		3.3 STREET ADDRESS		
CITY-ST-ZIP	D 50N GHT PL 333/3	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	PETERSON, GARY		4.2 NAME		CT ANGUIG CT MODITION
STREET ADDRESS	5404 BUCHANAN DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL 34982		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRICKLEY, JAMES A		5.2 NAME		
STREET ADDRESS	1035 SEASEDE DRIVE	EASIDE	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34242		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I hereby	cartify that the information supplies	with this filing does not qualify for	6.4 CITY-ST-ZIP	n Section 119 07/3/(i) Florida Statutes I further	andifuthat the information

Information supplied with units liling does not quality 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 eath; 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.