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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702204

1. Corporation Name

CRESCENT TOWERS ASSOCIATION, INC.

Principal Place of Business

1035 SEASIDE DRIVE
SARASOTA FL 34242

Mailing Address

1035 SEASIDE DRIVE
SARASOTA FL 34242



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/28/1961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

56-1003781

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRICKLEY, JAMES A
1035 SEASIDE DR
SARASOTA FL 34242

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME PEDRO, SHIRLEY
STREET ADDRESS BOX 2286 RR#2
CITY-ST-ZIP DUSHORE PA 18614

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME SCHAFSTALL, MARILYN
STREET ADDRESS 5851 BRAINARD DRIVE
CITY-ST-ZIP SYLVANIA OH 43560

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME KANE, LOIS
STREET ADDRESS 2115 STERLING GLEN CT
CITY-ST-ZIP SUN CITY FL 33573

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME PETERSON, GARY
STREET ADDRESS 5404 BUCHANAN DRIVE
CITY-ST-ZIP FORT PIERCE FL 34982

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME BRICKLEY, JAMES A
STREET ADDRESS 1035 SEASIDE DRIVE
CITY-ST-ZIP SARASOTA FL 34242

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)