

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-06-2003 90089 034 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702204

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 56-1003781

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRICKLEY, JAMES A
1035 SEASIDE DR
SARASOTA FL 34242

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEDRO, SHIRLEY BOX 2288 RR#2 DUSHORE PA 18614	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KANE, LOIS 2115 STERLING GLEN CT SUN CITY FL 33573	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RR OLDIGES, JOHN 88 SOUTHMOOR SHORES DR SAINT MARYS OH 45885	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BRICKLEY, JAMES A 1035 SEASIDE DRIVE SARASOTA FL 34242	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. STRUTT, FRANK 1035 SEASIDE DR. SARASOTA FL 34242	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Magee 512 Treasure Boat Way Sarasota, FL 34242	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:

James A. Brickley
SIGNATURE REQUIRED

1/18/03 941349-2100

CR2E037 (10/02)