

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90094 047 ****61.25

DOCUMENT # 728301

1. Entity Name

CREST CONDOMINIUM APARTMENT ASSOCIATION, INC

Principal Place of Business

Mailing Address

BOX 68
 HWY. 146 & FLOYDSBURG RD.
 CRESTWOOD KY 40014

7100 HWY 329
 CRESTWOOD KY 40014-7515
 US

00001002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

61-0862567

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SABERSON, ROGER
70 SE 4TH AVE
POST OFFICE BOX F
DELRAY BEACH FL 33483

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

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PD
 STREET ADDRESS MCMAHAN, ARVEL
 CITY-ST-ZIP RT. 1 HWY 22, BOX 306
 CRESTWOOD KY

Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE NAME SD
 STREET ADDRESS STOESS, CLAYTON E
 CITY-ST-ZIP 6207 POTTS LANE
 CRESTWOOD KY

Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE NAME TD
 STREET ADDRESS TAYLOR, HIRAM C.
 CITY-ST-ZIP 7100 HWY 329
 CRESTWOOD KY

Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP 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)(i), 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:

William C. Taylor, Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-2000 502.241-8020
 Date Daytime Phone #

CR2E037 (9/99)