

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03265** (8)

1. Corporation Name

THE CRESCENT BEACH CLUB AT SAND KEY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
1340 GULF BOULEVARD CLEARWATER FL 34630	1340 GULF BOULEVARD CLEARWATER FL 34630-2879

3. Date Incorporated or Qualified 05/24/1984	3a. Date of Last Report 03/11/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

4. FEI Number 59-2621913	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	
FRITSCH, NICHOLAS 1310 GULF BLVD. 8B CLEARWATER FL 34630	

10. Name and Address of New Registered Agent	
81 Name DOLORES ALFANO	
82 Street Address (P.O. Box Number is Not Acceptable) 1340 GULF BLVD.	
83 7B	
84 City CLEARWATER	85 Zip Code FL 34630

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 *Dolores Alfano Pres* DATE **1-6-97**

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	VP <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT /D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFANO, DELORES	1.2 NAME	
STREET ADDRESS	1340 GULF BLVD #7B	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT /D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITSCH, NICHOLAS	2.2 NAME	
STREET ADDRESS	1310 GULF BLVD., #8B	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY /D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMBEL, EDWARD	3.2 NAME	LOUIS MADDONNI
STREET ADDRESS	1310 GULF BLVD., #190	3.3 STREET ADDRESS	1310 GULF BLVD. #17G
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	CLEARWATER, FL 34630
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREASURER /D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANTOR, ARTHUR	4.2 NAME	EUGENE KOZIARA
STREET ADDRESS	1340 GULF BLVD., #17B	4.3 STREET ADDRESS	1340 GULF BLVD, 17G
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	CLEARWATER, FL 34630
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VICE-PRESIDENT /D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSSMAN, JACK	5.2 NAME	DR. NORMAN HARRIS
STREET ADDRESS	1340 GULF BLVD #3C	5.3 STREET ADDRESS	1310 GULF BLVD. 19A
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	CLEARWATER, FL 34630
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *D. Alfano* DATE **1-6-97** **593-0786**

CP2E037 (9/96)