

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N32936** (9)
1. Corporation Name
CRESCENT GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **9629 CRESCENT LAKE DR #102 NAPLES FL 33942 US**
Mailing Address: **3623 CRESCENT LAKE DR. #303 NAPLES FL 33942 US**

3. Date Incorporated or Qualified: **06/22/1989**
3a. Date of Last Report: **03/07/1995**

2. Principal Place of Business: **21 9621 crescent lake Dr**
2a. Mailing Address: **26 9621 crescent lake Dr.**
Suite, Apt. #, etc.: **22 # 202**
City & State: **27 # 202**
Zip: **24** Country: **25** Zip: **29** Country: **30**

4. FEI Number: **65-0128289**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BULTINICK, STEFAAM
9629 CRESCENT LAKE DR., #102
NAPLES FL 33943

10. Name and Address of New Registered Agent
81 Name: **BULTINICK STEFAAM**
82 Street Address (P.O. Box Number is Not Acceptable): **9621 crescent lake Dr.**
83: **#202**
84 City: **NAPLES** FL 85 Zip Code: **33942**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULTINICK, STEFAAM	1.2 NAME	BULTINICK STEFAAM
STREET ADDRESS	9629 CRESCENT LAKE DR., #102	1.3 STREET ADDRESS	9621 crescent lake Dr. #202
CITY-ST-ZIP	NAPLES FL 33942	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTT, LOREN	2.2 NAME	GIORTINO MARY
STREET ADDRESS	9605 CRESCENT LANE DR. #201	2.3 STREET ADDRESS	9624 crescent lake Dr. #102
CITY-ST-ZIP	NAPLES FL 33942	2.4 CITY-ST-ZIP	NAPLES, FL. 33942
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIETERS, BEMEDICTE	3.2 NAME	PIETERS BEMEDICTE
STREET ADDRESS	9629 CRESCENT LAKE DR., #102	3.3 STREET ADDRESS	9621 crescent lake Dr. #202
CITY-ST-ZIP	NAPLES FL 33942	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 (941) 592 6229

Date Daytime Phone #

CR2E037 (12/95)