

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # N 32 936 1. Corporation Name CRESCENT GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2400 TARPON RD NAPLES FL. 34102	Mailing Address P.O. Box 11452 NAPLES, FL. 34101
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2. Principal Place of Business	2b. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	6/22/89	4-22-96

22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0128289	Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/> Yes	
24. Zip	25. Country	29. Zip	30. Country
24	25	29	30

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BULTINCK Stefaan 2400 TARPON RD NAPLES FL. 34102	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: S. BULTINCK  
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	P/D	11 TITLE
NAME	BULTINCK Stefaan	12 NAME
STREET ADDRESS	2400 Tarpon RD	13 STREET ADDRESS
CITY-ST-ZIP	NAPLES FL. 34102	14 CITY-ST-ZIP
TITLE	VP/D	21 TITLE
NAME	NARJORIE Dinger	22 NAME
STREET ADDRESS	3629 Crescent Lake Dr. #101	23 STREET ADDRESS
CITY-ST-ZIP	NAPLES FL. 34109	24 CITY-ST-ZIP
TITLE	ST/D	31 TITLE
NAME	PIETERS Benedicte	32 NAME
STREET ADDRESS	2400 Tarpon RD	33 STREET ADDRESS
CITY-ST-ZIP	NAPLES FL. 34102	34 CITY-ST-ZIP
TITLE		41 TITLE
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE		51 TITLE
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE		61 TITLE
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

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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: S. BULTINCK 4/28/97 (941) 732 8788  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
P/D

CR2E037 (9/96)