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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



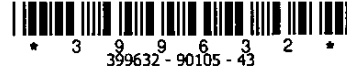
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32936

1. Corporation Name
CRESCENT GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
2400 TARPON RD
NAPLES FL 34102
US

Mailing Address
P.O. BOX 11452
NAPLES FL 34101



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
06/22/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0128289

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BULTINICK, 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

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 PD
NAME BULTINCK, STEFAAN
STREET ADDRESS 2400 TARPON RD
CITY-ST-ZIP NAPLES FL 34102

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME DINGER, MARJORIE
STREET ADDRESS 9624 CRESCENT LAKE DR #101
CITY-ST-ZIP NAPLES FL 34109

2.1 TITLE VPD Change Addition
2.2 NAME DELTORO, Thomas
2.3 STREET ADDRESS 9624 Crescent Garden dr. # 201
2.4 CITY-ST-ZIP NAPLES FL 34109

TITLE STD
NAME PIETERS, BENEDICT
STREET ADDRESS 2400 TARPON RD
CITY-ST-ZIP NAPLES FL 34102

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 (941) 261 5558
Date Daytime Phone #

0063075

CR2E037-(11/98)