2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # N32936** Jan 19, 2000 8:00 am Secretary of State 1. Entity Name CRESCENT GARDENS CONDOMINIUM ASSOCIATION, INC. 01-19-2000 90089 036 ****70.00 Principal Place of Business Mailing Address 2400 TARPON RD P.O. BOX 11452 NAPLES FL 34101-1452 NAPLES FL 34102 2. Principal Place of Business 958 SPYGLASS 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0128289 34102 MAPLES Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired COLLIER 34102 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BULTINCK Street Address (P.O. Box Number is Not Acceptable) **BULTINICK. STEFAAN** 2400 TARPON RD SPY GLASS NAPLES FL 34102 Zip Code 34102 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 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PRESIDENT Der Change ☐ Addition ☐ Delete TITLE TITLE BULTINEK, STEFAAN 958 SPYGLASS LN **BULTINCK, STEFAAN** NAME NAME STREET ADDRESS 958 2400 TARPON RD STREET ADDRESS FL. 34102 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 UPD Addition Change Delete TITLE TARK I WOODWARD **DELTORO, THOMAS** NAME NAME LAUREL OAK DK. # 710 STREET ADDRESS STREET ADDRESS 9624 CRESCENT LAKE DR #101 MAPLES, FL. 34108 CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34109 Addition Delete Change TITLE TITLE SMITH NICOLAS PIETERS, BENEDICT NAME NAME 9605 GRESCENT GARDEN DR. 2400 TARPON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE NAPLES FL 34102 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 thanged, or on an attachment with an address. With all other like empowered.