

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

0071484

DOCUMENT # N32936

1. Entity Name

CRESCENT GARDENS CONDOMINIUM ASSOCIATION, INC.

04-12-2001 90109 001 *****8.75

04-12-2001 90109 002 *****61.25

35888



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**958 SPYGLASS LANE
 NAPLES FL 34102
 US**

~~P.O. BOX 11452
 NAPLES FL 34101~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 110339

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NAPLES, FL

4. FEI Number

65-0128289

Applied For

Not Applicable

Zip

Country

Zip

Country

34108

U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BULTINICK, STEFAAN
 958 SPYGLASS LANE
 NAPLES FL 34102**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BULTINICK, STEFAAN 958 SPYGLASS LANE NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOODWARD, MARK J 801 LAUREL OAK DR. #710 NAPLES FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, NICHOLAS 9605 CRESCENT GARDEN DR. #202 NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGNATURE BULTINICK, STEFAAN
Stefaan Bultinick Pres 1-17-01 (941) 261-5558
 Date Daytime Phone #

CR2E037 (10/00)